



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety – Compliance Section  
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## UST Class A/B Operator Designation

(Revised 11/2013)

Owner ID#:		Owner Business Name:		Owner/Primary Contact Name:	
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Street Address:		Form Completed By:		Date:	
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**List the Certified Operator(s) that will be designated to the facility/facilities. The first row is an example.**

Designated Operator							Operator Training		
ID#	Operator Name	Operator Company	Operator Address	Operator Phone	Operator Fax	Operator Email	Training Company	Certificate #	Date Trained
1	Joe Smith	Example Oil Co.	45678 E. Example Street Denver, CO 80202	303-303-3030	303-303-3031	jsmith@example.com	XYZ Training Co. (OPS approved)	A123456	11/1/09
2									
3									
4									
5									
6									

**Designate the operator type for the facility/facilities. The first row is an example.**

OPS Facility ID #	Facility Name	Facility Address	Designated Operator Type (A, B, or A/B)	ID# (from above)
12345	Example Oil Co.	45678 E. Example Street, Denver, CO 80202	A/B	1

The Owner or Operator signing below certifies, under civil and criminal penalties for making a false submission to the State of Colorado, that the information listed above is accurate.

Tank Owner/ Operator Name:		Tank Owner/ Operator Signature:		Date:	
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