ABOVEGROUND STORAGE TANK OWNERSHIP TRANSFER NOTIFICATION

Delaware Department of Natural Resources and Environmental Control

Division of Air & Waste Management
Tank Management Branch
391 Lukens Drive
New Castle, DE 19720
(302) 395-2500

File Code 01

EFFECTIVE DATE OF TRANSFER: ___/___/_____
(mm/dd/yyyy)

Delaware's *Regulations Governing Aboveground Storage Tanks,* Part A, § 4.4, states, "When a transfer of ownership of an AST occurs, the new Owner shall submit a transfer of ownership form and a completed registration form to the Department so that the Department shall receive these forms no later than thirty (30) days after the transfer."

I. FORMER OWNER INFORMATION

(Former AST Owner must complete Section I.)

Name: _____

Street: _____

City: _____ **State:** ____ **Zip:** _____

Phone: (_____)_____

I, _____ *(please print)* an authorized representative of the business or individual listed above, do hereby transfer the ownership of AST(s) located at the registered facility(ies) listed in Section III to the business or individual listed below in Section II. I certify that all records pertaining to the ASTs listed on the attached AST Registration Form(s) have been included in the transfer to the new owner.

_____ _____
Signature Date

II. NEW OWNER INFORMATION

(New AST Owner must complete Sections II - IV)

Name: _____

Street: _____

City: _____ **State:** ____ **Zip:** _____

Phone: (____) _____

I, _____ *(please print)* an authorized representative of the business or individual listed in Section II, do hereby verify the transfer of ownership of AST(s) located at the registered facility(ies) listed in Section III from the business or individual listed in Section I. Also, I acknowledge receipt of the AST records included in the transfer.

_____ _____
Signature Date

III. TRANSFER DOCUMENTATION & FACILITY LIST

(The following attachments must accompany this form)

1. AST Registration form completed by the new owner for each facility listing all ASTs included in the sale.
2. Bill of Sale (or document of transfer)
3. Copy of the previous owner's AST Registration Form(s) for each facility included in the sale.
4. Copy of existing Stage I and Stage II Vapor Recovery Operating Permits and original application *(if applicable)*
5. Financial Responsibility (FR)
   *(new financial responsibility mechanism **must** be in effect and be submitted to the Dept. before the ASTs are operated)*

The AST facility(ies) included in the transfer are as follows:
List Facility ID#

_____ _____ _____ _____

_____ _____ _____ _____

IV. LICENSE & IDENTIFICATION INFORMATION

Social Security #: _____ - ____ - _____

Federal I.D.# or Taxpayer ID#: _____

DE Business License #: _____

Tax Parcel #(s): _____

_____

_____

AST REGISTRATION & OWNERSHIP BILLING INFORMATION:
Pursuant to 7 Del. C., Chap.74A, §7413A beginning in 2003 owners/operators of regulated ASTs have been required to pay an annual registration fee on or before February 1 of each calendar year.