



Please Type or Print Clearly
and Complete All Items

Application For Major Petroleum Facility License

Pursuant to Article 12 of the Navigation Law and 6 NYCRR 610; 17 NYCRR 30

Section A

(See enclosed instructions and please be sure to complete Sections A , B & C)

Expiration Date:

License Number DEC CBS Number: (If applicable)	FACILITY	Facility Name:		TYPE OF PETROLEUM FACILITY: (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 04=Manufacturing (Other than Chemical)/ Processing <input type="checkbox"/> 06=Trucking/Transportation/Fleet <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 20=Chemical Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 08=School <input type="checkbox"/> 14=Refinery <input type="checkbox"/> 16=Vessel/Barge <input type="checkbox"/> 99=Other (Specify): _____		
		Location (Not P.O. Boxes)				
		Location (cont.):				
		City:	State:			Zip Code:
Transaction Type (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee		County:		Township or City:		
<input type="checkbox"/> 1)Initial/New Facility <input type="checkbox"/> 2)Change of Ownership <input type="checkbox"/> 3)Substantial Tank Modification <input type="checkbox"/> 4)Information Correction <input type="checkbox"/> 5) Renewal		Name of Operator at Facility:		Facility Telephone Number:		
Type of Owner: (check only one)		Emergency Contact Name:		Emergency Telephone Number:		
<input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Corporate/Commercial		OWNER		Owner Name:		
				Address (Street and/or P.O.):		
				City:	State:	Zip Code:
				Federal Tax ID Number:		Owner Telephone Number:
		LEGAL		Legal Agent Name:		
				Address (Street and/or P.O.):		
				City:	State:	Zip Code:
				Date Filed With The Secretary Of State:		
				PRODUCT TRANSFER OPERATIONS: (Check all that apply) <input type="checkbox"/> 1=Tank Truck <input type="checkbox"/> 2=Railroad Car <input type="checkbox"/> 3=Vessel/Barge (incl. off-shore platform) <input type="checkbox"/> 4=Pipeline <input type="checkbox"/> 5=Other(Specify): _____		
				Average Daily Throughput (Gallons):		
				Total Storage Capacity (Gallons):		
				I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.		
				Name of Owner or Authorized Representative:		
				Title:		
				Signature:		
				Date:		
For Vessels Only Vessel ID/Hull Number:		CORRESPONDENCE		(Please keep up to date - this information is used for mailing and contact puposes)		
				Attention:		
				Name of Company:		
				Address:		
				Address:		
				City/State/Zip Code:		
		Telephone Number:		E-Mail Address:		
				OFFICIAL USE ONLY Date Received ___/___/___ Sections Completed: A: <input type="checkbox"/> Yes <input type="checkbox"/> No B: <input type="checkbox"/> Yes <input type="checkbox"/> No C: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Processed ___/___/___ Reviewed by _____		

SECTION C

(See Instructions on Cover Sheet)

INITIAL/NEW FACILITY AND CHANGE OF OWNERSHIP APPLICATIONS ONLY

APPLICANT, PLEASE CHECK APPROPRIATE BOX FOR QUESTIONS 1 THRU 6 AND ATTACH OR INSERT INFORMATION AS REQUIRED

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have a federal spill prevention control and countermeasure (SPCC) plan? If Yes, please attach a copy. If No, please see instructions. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have an operations manual on file with the U.S. Coast Guard? If yes, please attach a copy. If No, please see instructions. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | In addition to 1 and 2 above, does this facility have a plan for the prevention of petroleum spills or discharges? If so, please attach a copy. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have a separate clean-up and removal plan? Please see instructions and attach a copy. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are plans referenced in questions 1 through 4 above fully implemented? If not, indicate anticipated date for complete implementation. _____
DATE |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has this facility experienced a spill or an uncontrolled discharge during the past five years? If so, please see instructions. |

RENEWAL APPLICATIONS ONLY

APPLICANT, PLEASE CHECK APPROPRIATE BOX FOR QUESTIONS 7 THROUGH 9 AND ATTACH OR INSERT INFORMATION AS REQUIRED

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Has the facility experienced a spill or an uncontrolled discharge during the past year? If so, please see instructions. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have any major additions or changes to the structure or equipment of the facility been made within the past year which would materially affect the potential for a petroleum discharge? If yes, please see instructions and attach requested information. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Has the facility's federal SPCC plan, U.S. Coast Guard Operations Manual, and/or other spill control plans submitted for initial licensing been amended or otherwise changed during the past year? Please see instructions and attach requested information. |

ALL APPLICATIONS

APPLICANT, PLEASE CHECK APPROPRIATE BOX FOR QUESTIONS 10 THROUGH 16 AND ATTACH OR INSERT INFORMATION AS REQUIRED

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have any uncorrected violations cited by the U.S. Coast Guard and/or the U.S. Environmental Protection Agency? If so, please attach an explanation. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is a general site plan included in the submitted plan(s)? If not, please attach a copy. If yes, specify plan and page. _____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Does the submitted plan(s) indicate how petroleum spills or discharges are prevented from contaminating groundwaters? If not please see instructions. If yes, specify plan and page. _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Is this facility a member of a discharge clean-up organization or cooperative? If so, please enter name and address of organization, and attach a copy of the agreement.

NAME ADDRESS |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility contract for discharge clean-up services? If so, please enter name and address of contractor.

NAME ADDRESS |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility dispose of petroleum contaminated wastes (debris, dirt, sludges, sorbents, waste oil, etc.) off site? If so, please enter name and address of company(s) and the location(s) of disposal site(s).

NAME ADDRESS SITE LOCATION |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Does the submitted plan(s) show compliance with 6 NYCRR 613.2-613.9, Handling and Storage of Petroleum and 6 NYCRR 614.2-614.14, Standards for New and Substantially Modified Petroleum Storage Facilities? If not, please indicate anticipated date for compliance. _____
DATE |