

New York State Department of Environmental Conservation  
 Division of Environmental Remediation  
**Petroleum Bulk Storage Application**  
 Pursuant to the Petroleum Bulk Storage Law,  
 Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14

**Return Completed Form & Fees To:**



Please Type or Print Clearly  
and Complete All Items

**Section A**  
( Please be sure to complete Sections A & B)

**Expiration Date:**

<b>PBS Number</b>	F	Facility Name:		<b>TYPE OF PETROLEUM FACILITY</b> (Check only one)
		Location (Not P.O. Boxes)		
DEC CBS Number: (If applicable)	A	Location (cont.):		<input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales
DEC SPDES Number: (If applicable)	C	City:	State: <b>NY</b>	Zip Code:
<b>Transaction Type</b> (Check all that apply) <b>NOTE:</b> Transaction Types 1, 2 and 5 may require a fee	I	County:	Township or City:	
	L	Name of Operator at Facility:		Facility Telephone Number:
	I	Emergency Contact Name:		Emergency Telephone Number:
	T	Owner Name:		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.
	Y	Address (Street and/or P.O.):		
O	City:	State:	Zip Code:	
	Federal Tax ID Number:		Owner Telephone Number:	
	Type of Owner:	2 <input type="checkbox"/> State Government	<input type="checkbox"/> Federal Government	
W	1 <input type="checkbox"/> Private Resident	3 <input type="checkbox"/> Local Government	5 <input type="checkbox"/> Corporate/Commercial	
N	Name of Owner or Authorized Representative:		Amount Enclosed: \$	
E	Title:		Signature:	Date:
R	Signature:		Date:	

<b>Application will be returned if any of these items are blank (except CBS &amp; SPDES numbers) -or- if submitted without original signature and date</b>	C O R R E S P O N D E N C E	(Please keep up to date - this information is used for mailing and contact puposes)		<b>OFFICIAL USE ONLY</b>	
		Attention:			Page ____ of ____
		Name of Company:			Date Received ___/___/___
		Address:			Date Processed ___/___/___
		Address:			Amount Received \$ _____
		City/State/Zip Code:			Reviewed by _____
		Telephone Number:	E-Mail Address:		

