



APPLICATION FOR TRANSFER OF UNDERGROUND STORAGE PERMIT and APPLICATION FOR TRANSFER OF PENDING UNDERGROUND STORAGE APPLICATION

This application is a legal document. Read the applicable certification carefully before signing.
 For instructions on completing this form, visit the Division's website or contact Central Office in Albany.
 PRINT OR TYPE IN BLACK INK. THIS DOCUMENT SHOULD BE PRINTED ON LEGAL SIZE PAPER.

PART 1 - TRANSFEREE (New Owner/Applicant) COMPLETES:

1. THIS APPLICATION IS FOR TRANSFER OF:
 Existing Underground Storage Permit or Modification Permit _____ (Effective Date)
 Pending Application for Underground Storage Permit or Modification Permit _____ (Submittal Date)

2. NAME OF TRANSFEREE _____ CONTACT NAME _____
 STREET ADDRESS, CITY, STATE, ZIP CODE _____ TELEPHONE NUMBER (Daytime) _____
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3. NAME OF FACILITY/PROJECT _____ 4. FACILITY CONTACT NAME _____
 STREET ADDRESS, CITY, STATE, ZIP CODE _____ STREET ADDRESS, CITY, STATE, ZIP CODE _____
 COUNTY _____ TOWN _____ TELEPHONE NUMBER (Daytime) _____
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5. HAS WORK BEGUN ON THE PROJECT?
 Yes No N/A If "No," proposed starting date: _____ Approximate Completion Date: _____
 Are any modifications to the current permitted operation or pending application proposed? Yes No If "Yes," attach details.

6. CERTIFICATION: This certifies that the transferee seeks to be the legally responsible party for operations or project development either authorized by the permit identified above or proposed in application identified above. The transferee has a copy of the permit and/or application and understands and will comply with all conditions in the referenced permit and supports the content of referenced application. Facility operations/project scope will remain the same as authorized or as proposed in pending application except as noted above in Item 5. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.

By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property or properties where the well(s) subject to this application is/are located for the purposes of inspection of the well(s) and, to the extent necessary, areas adjacent to such well sites. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect sites, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at a specific site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the wells and adjacent areas remains in effect as long as such wells are regulated by DEC. I am aware any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

Printed Name and Title of Transferee _____
 The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this application.
 Signature of Transferee _____ Date _____

PART 2 - TRANSFEROR (Present or Former Owner/Applicant) COMPLETES:

1. NAME OF TRANSFEROR _____ CONTACT NAME _____
 STREET ADDRESS, CITY, STATE, ZIP CODE _____ TELEPHONE NUMBER (Daytime) _____
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2. NAME OF FACILITY/PROJECT, if different from Facility Name in Part 1: _____

3. CERTIFICATION: This certifies that the facility and/or application referenced in Part 1 of this form will be transferred was transferred to the party identified as the new transferee (owner/applicant) on _____ (date).

Printed Name and Title of Transferor _____
 The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this application.
 Signature of Transferor _____ Date _____

PART 3 - DIVISION OF MINERAL RESOURCES - DEPARTMENT OF ENVIRONMENTAL CONSERVATION COMPLETES:

Transfer of permit approved; effective as of _____ . Transferee subject to conditions of original permit, without exception.
 Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer:

See attached revised permit page(s): _____
 Transfer of application approved. See attached for additional information required.
 Transfer denied, new application required. Please complete the enclosed permit application and return it with all necessary exhibits and/or attachments to the undersigned at the address listed on the top of this form.

Division of Mineral Resources
 Name _____ Signature _____ Date _____