



# Application For Major Petroleum Facility License

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

## Section A

**Return Completed Form To:**



Please Type or Print Clearly  
and Complete All Items

**Expiration Date:**

<b>License Number</b>  DEC CBS Number: (If applicable)	<b>F A C I L I T Y</b>	Facility Name:		<b>TYPE OF PETROLEUM FACILITY:</b> (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 05=Utility <input type="checkbox"/> 04=Manufacturing (Other than Chemical)/ Processing <input type="checkbox"/> 08=School <input type="checkbox"/> 06=Trucking/Transportation/Fl <input type="checkbox"/> 14=Refinery <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 16=Vessel/Barge <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 20=Chemical Mfg. <input type="checkbox"/> 99=Other (Specify): _____			
		Location (Not P.O. Boxes)					
		Location (cont.):					
		City:	State:	Zip Code:			
		County:	Township/City:	Facility Operator Phone:			
<b>Transaction Type</b> (Check all that apply) <input type="checkbox"/> 1)Initial/New Facility <input type="checkbox"/> 2)Change of Licensee <input type="checkbox"/> 3)Tank installation, Closing, or Repair <input type="checkbox"/> 4)Information Correction <input type="checkbox"/> 5) Renewal		Facility Operator:		<b>PRODUCT TRANSFER OPERATIONS:</b> (Check all that apply) <input type="checkbox"/> 1=Tank Truck <input type="checkbox"/> 4=Pipeline <input type="checkbox"/> 2=Railroad Car <input type="checkbox"/> 5=Other(Specify): <input type="checkbox"/> 3=Vessel/Barge (incl. off-shore platform)			
<b>Type of Licensee:</b> (check only one) <input type="checkbox"/> State Government <input type="checkbox"/> Local <input type="checkbox"/> Federal Government <input type="checkbox"/> Corporate/Commercial		<b>L I C E N S E</b>	Licensee Name:		Average Daily Throughput (Gallons):      Total Storage Capacity (Gallons):		
Address (Street and/or P.O.):					Emergency Contact Name:      Emergency Telephone Number:		
City:	State:		Zip Code:		<b>I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law.</b>		
Licensee Telephone Number:							
Legal Agent Name:							
Address (Street and/or P.O.):				Name of Licensee or Authorized Representative:			
City:	State:	Zip Code:		Title:			
Date Filed With The Secretary Of State:				Signature:      Date:			
<b>For Vessels Only</b> Vessel ID #:		<b>C O R R E S P O N D E N</b>	(Please keep up to date - this information is used for mailing and contact puposes)			<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>OFFICIAL USE ONLY</b></div> 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 D: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Processed ___/___/___ Reviewed by _____ <div style="text-align: right;">Revised 12/19/2022</div>	
<b>Licensee is</b> (Check all that apply) <input type="checkbox"/> Facility Operator <input type="checkbox"/> Facility (Equip) Owner <input type="checkbox"/> Property Owner			Facility Contact Person Name:				
			Contact Person Company Name:				
			Address:				
			Address (cont.):				
			City/State/Zip Code:				
			Telephone Number:	E-Mail Address:			



License Number:

# Major Oil Storage Facility License Application

## Section C - Tank Ownership Information (for MOSF tanks listed in Section B)

<b>Tank Owner Information</b> <input type="checkbox"/> Check box if same as Licensee If tank owner is different from licensee, fill out information below:		
Tank Owner Name (Company/Individual):		
Contact Person:		
Tank Owner Address:		
City:	State:	ZIP:
Contact Person Telephone Number:	Contact Person email:	
<b>Specific Tanks Owned</b> <input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:		
Tank Number:		
Name of Class B (Daily On-Site) Operator:	Authorization No:	
Name of Class A (Primary) Operator:	Authorization No:	

<b>Tank Owner Information</b> <input type="checkbox"/> Check box if same as Licensee. If tank owner is different from licensee, fill out information below:		
Tank Owner Name (Company/Individual):		
Contact Person:		
Tank Owner Address:		
City:	State:	ZIP:
Contact Person Telephone Number:	Contact Person email:	
<b>Specific Tanks Owned</b> <input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:		
Tank Number:		
Name of Class B (Daily On-Site) Operator:	Authorization No:	
Name of Class A (Primary) Operator:	Authorization No:	

**SECTION D OF MAJOR PETROLEUM LICENSE APPLICATION - ON SHORE ONLY**

(See Instructions)

**INITIAL/NEW FACILITY AND CHANGE OF LICENSEE APPLICATIONS ONLY**

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

- |    | <b>Yes</b>               | <b>No</b>                |                                                                                                                                                            |
|----|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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?<br>If not, indicate anticipated date for complete implementation. _____/_____/_____ |
| 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.

- |    | <b>Yes</b>               | <b>No</b>                |                                                                                                                                                                                                                                                              |
|----|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

- |     | <b>Yes</b>               | <b>No</b>                |                                                                                                                                                                                                                                                              |
|-----|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.<br>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 groundwater? 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 copy of the agreement.<br>-----<br>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.<br>-----<br>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 sites(s).<br>-----<br>Name Address Site Location |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Does the submitted plan(s) show compliance with 6 NYCRR 613-2, 3 & 4 of the Petroleum Bulk Storage Regulations? If not, please indicate anticipated date for compliance. _____/_____/_____                                                                   |

# MAJOR OIL STORAGE LICENSE APPLICATION - SECTION B - TANK INFORMATION - CODE KEYS

## Action (1)

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Repair/Reline Tank

## Tank Location (3)

1. Aboveground-contact w/soil
2. Aboveground-contact w/impervious barrier
3. Aboveground on saddles, legs, stilts, rack or cradle
4. Partially buried tank (tank with 10% or more below ground)
5. Underground including vaulted with no access for inspection
6. Aboveground in Subterranean Vault w/access for inspections

## Status (4)

1. In-service
2. Out-of-service
3. Closed-Removed
4. Closed- In Place
5. Tank converted to Non-Regulated use

## Products Stored (7)

### Heating Oils: On-Site Consumption

- 0001. #2 Fuel Oil
- 0002. #4 Fuel Oil
- 0259. #5 Fuel Oil
- 0003. #6 Fuel Oil
- 0012. Kerosene
- 0591. Clarified Oil
- 2711. Biofuel Oil
- 2642. Used Oil (Heating)

### Heating Oils: Resale/Redistribution

- 2718. #2 Fuel Oil
  - 2719. #4 Fuel Oil
  - 2720. #5 Fuel Oil
  - 2721. #6 Fuel Oil
  - 2722. Kerosene
  - 2723. Clarified Oil
  - 2724. Biofuel Oil
- ## Motor Fuels
- 0009. Gasoline
  - 2712. Gasoline/Ethanol

- 0008. Diesel
- 2710. Biodiesel
- 0011. Jet Fuel
- 1044. Jet Fuel (Biofuel)
- 2641. Aviation Gasoline

## Emergency Generator Fuels

- 0001. #2 Fuel Oil
- 2730. Biodiesel (E-Gen)
- 2731. Diesel (E-Gen)

## Lubricating/Cutting Oils

- 0013. Lube Oil
- 0015. Motor Oil
- 1045. Gear/Spindle Oil
- 0010. Hydraulic Oil
- 0007. Cutting Oil
- 0021. Transmission Fluid
- 1836. Turbine Oil
- 0308. Petroleum Grease

## Oils Used as Building Materials

- 0004. Asphalt
- 2626. Asphaltic Emulsions
- 0748. Form Oil

## Petroleum Spirits

- 0014. White/Mineral Spirits
- 1731. Naptha

## Mineral/Insulating Oils

- 0020. Insulating Oil (e.g., Transformer, Cable Oil)
- 2630. Mineral Oil

## Waste/Used/Other Oils

- 0022 Waste/Used Oil
- 9999. Other-Please list:\*

## Crude Oil

- 0006. Crude Oil
- 0701. Crude Oil Fractions

## Tank Type (8)

- 01. Steel/Carbon Steel/Iron
- 02. Galvanized Steel Alloy
- 03. Stainless Steel Alloy
- 04. Fiberglass Coated Steel
- 05. Steel Tank in Concrete
- 06. Fiberglass Reinforced Plastic (FRP)
- 07. Plastic
- 08. Equivalent Technology

- 09. Concrete
- 10. Urethane Clad Steel
- 99. Other-Please list:\*

## Internal Protection (9)

- 00. None
- 01. Epoxy Liner
- 02. Rubber Liner
- 03. Fiberglass Liner (FRP)
- 04. Glass Liner
- 99. Other-Please list:\*

## External Protection (10/18)

- 00. None
- 01. Painted/Asphalt Coating
- 02. Original Sacrificial Anode
- 03. Original Impressed Current
- 04. Fiberglass
- 05. Jacketed
- 06. Wrapped (Piping)
- 07. Retrofitted Sacrificial Anode
- 08. Retrofitted Impressed Current
- 09. Urethane
- 99. Other-Please list:\*

## Tank Secondary Containment (11)

- 00. None
- 01. Diking (AST Only)
- 02. Vault (w/access)
- 03. Vault (w/o access)
- 04. Double-Walled (UST Only)
- 05. Synthetic Liner
- 06. Remote Impounding Area
- 07. Excavation Liner
- 09. Modified Double-Walled (AST Only)
- 10. Impervious Underlayment (AST Only)\*\*
- 11. Double Bottom (AST Only)\*\*
- 12. Double-Walled (AST Only)
- 99. Other - Please list\*

## Tank Leak Detection (12)

- 00. None
- 01. Interstitial Electronic Monitoring
- 02. Interstitial Manual Monitoring
- 03. Vapor Well
- 04. Groundwater Well
- 05. In-Tank System (Auto Tank

- 06. Impervious Barrier/Concrete Pad (AST Only)
- 07. Statistical Inventory Reconciliation (SIR)
- 08. Weep holes in vaults with no access for inspection
- 99. Other-Please list: \*

## Overfill Protection (13)

- 00. None
- 01. Float Vent Valve
- 02. High Level Alarm
- 03. Automatic Shut-Off
- 04. Product Level Gauge (AST Only)
- 05. Vent Whistle
- 99. Other-Please list:\*

## Spill Prevention (14)

- 00. None
- 02. Transfer Station Containment
- 01. Catch Basin
- 99. Other-Please list:\*

## Pumping/Dispensing Method (15)

- 00. None
- 01. Presurized Dispenser
- 02. Suction Dispenser
- 03. Gravity
- 04. On-Site Heating System (Suction)
- 05. On-Site Heating System (Supply/Return)
- 06. Tank-Mounted Dispenser
- 07. Loading Rack/Transfer Pump

## Piping Location (16)

- 00. No Piping
- 01. Aboveground
- 02. Underground/On-ground
- 03. Aboveground/Underground Combination

## Piping Type (17)

- 00. None
- 01. Steel/Carbon Steel/Iron
- 02. Galvanized Steel
- 03. Stainless Steel Alloy
- 04. Fiberglass Coated Steel
- 05. Steel Encased in Concrete

- 06. Fiberglass Reinforced Plastic (FRP)
- 07. Plastic
- 08. Equivalent Technology
- 09. Concrete
- 10. Copper
- 11. Flexible Piping
- 99. Other-Please list:\*

## Piping Secondary Containment (19)

- 00. None
- 01. Diking (Aboveground Only)
- 02. Vault (w/access)
- 04. Double-Walled (Underground Only)
- 06. Remote Impounding Area
- 07. Trench Liner
- 12. Double-Walled (Aboveground Only)
- 99. Other-Please list: \*

## Pipe Leak Detection (20)

- 00. None
- 01. Interstitial Electronic Monitoring
- 02. Interstitial Manual Monitoring
- 03. Vapor Well
- 04. Groundwater Well
- 07. Pressurized Piping Leak Detector
- 09. Exempt Suction Piping
- 10. Statistical Inventory Reconciliation (SIR)
- 99. Other-Please list:\*

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\* If other, please list on a separate sheet including tank number,

\*\* Each of these codes must be combined with code 01 or 06 to meet compliance requirements.