

# UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

*For use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

1. Facility Name (Tank Site): \_\_\_\_\_ Bldg. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
EPA ID No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ )
2. Tank Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Tank Operator's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ )
5. Tank Closure Contractor Business Name: \_\_\_\_\_  
(As registered with the Contractors State License Board at [www.cslb.ca.gov](http://www.cslb.ca.gov))  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
CSLB License No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ )
6. Firm that will take soil/water samples: \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ )
7. State-certified laboratory that will analyze samples: \_\_\_\_\_ Phone No.: ( \_\_\_\_\_ )
8. Where will the remaining product/waste in the tank(s) be shipped?  
Facility Name: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_  
Name of Transporter: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_  
 Check this box if the tank(s) was/were emptied by drawing down inventory through normal product use.
9. Where will the tank(s) be shipped?  Check this box if closure-in-place is being requested and attach reasons for request.  
Facility Name: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_  
Name of Transporter: \_\_\_\_\_ EPA ID No. (If applicable): \_\_\_\_\_

