UNDERGROUND STORAGE TANK SYSTEM
OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)

FACILITY NAME	FACILITY PHONE ( )
FACILITY SITE ADDRESS	CITY
REASON FOR SUBMITTING THIS FORM *(Check One)*: ☐ Change of Designated Operator ☐ Update of ICC Certification Expiration Date(s)	

PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (*Check One*)
BUSINESS NAME (*If different from above*):	☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☐ Third-Party
DESIGNATED OPERATOR PHONE: ( ) ext.	
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (*Check One*)
BUSINESS NAME (*If different from above*):	☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☐ Third-Party
DESIGNATED OPERATOR PHONE: ( ) ext.	
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (*Check One*)
BUSINESS NAME (*If different from above*):	☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☐ Third-Party
DESIGNATED OPERATOR PHONE: ( ) ext.	
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY *(Optional)*

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (*Check One*)
BUSINESS NAME (*If different from above*):	☐ Owner ☐ Operator ☐ Employee ☐ Service Technician ☐ Third-Party
DESIGNATED OPERATOR PHONE: ( ) ext.	
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME: _____

TANK OWNER TITLE: _____ OWNER PHONE: ( )

TANK OWNER SIGNATURE: _____ DATE: _____

INSTRUCTIONS

1. Report the name(s) of the Designated UST Operator(s) as registered with the International Code Council (ICC). ICC certification information is available on-line at: **www.iccsafe.org/e/certsearch.html**. Search for "California UST System Operators."
2. Submit this completed form to the local agency that regulates this facility's USTs. Unidocs member agency jurisdictions and contact information are listed on-line at: **www.unidocs.org/members/whoregulateswhat.html**. Contact information for other local agencies within California is available at: **www.swrcb.ca.gov/cwphome/ust/contacts/docs/local_agency_list.xls**.
3. 23 CCR §2715(a) requires that you notify the local agency of any changes to this information within 30 days of the date of change.