



CUPA

San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

Underground Storage Tank (UST) Designated Operator Statement

Facility Name: Facility ID #: Facility Address: Reason for Submitting this Form (Check One) Facility Phone #: Change of Designated Operator Update Certificate Expiration Date

PRIMARY CONTACT

Designated Operator's Name: Relation to UST Facility (Check One) Business Name (If different from above): Designated Operator's Phone #: International Code Council Certification #: Expiration Date:

ALTERNATE 1 (Optional)

Designated Operator's Name: Relation to UST Facility (Check One) Business Name (If different from above): Designated Operator's Phone #: International Code Council Certification #: Expiration Date:

ALTERNATE 2 (Optional)

Designated Operator's Name: Relation to UST Facility (Check One) Business Name (If different from above): Designated Operator's Phone #: International Code Council Certification #: 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) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER (Please Print):

SIGNATURE OF TANK OWNER:

DATE: OWNER'S PHONE #:

NOTE:

- 1) COMPLETE THIS FORM AND SUBMIT TO THE ADDRESS LISTED ABOVE.
2) NOTIFY THIS OFFICE OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.