



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: 62-761.900(2)
Form Title: Storage Tank Facility Registration
Form
Effective Date: January 2017
Incorporated in Rule 62-761.400, F.A.C.

Storage Tank Facility Registration Form

Review Registration Instructions Before Completing this Form

Submit this completed form for the facility when registration of storage tanks or compression vessels is required by Chapter 376.303, Florida Statutes

Please check all that apply:
New Registration New Owner New Tanks
Existing Facility Info Update/Correction Existing Owner Info Update/Correction Existing Tank Info Update/Correction

A. FACILITY INFORMATION **County:** _____ **DEP Facility ID:** _____
Facility Name: _____
Facility Address: _____ City: _____ Zip: _____
Facility Contact: _____ Business Phone: _____
Facility Type(s): _____ Financial Responsibility Mechanism (choose): Insurance Other
24 Hour Emergency Contact: _____ **Emergency Phone:** _____

B. TANK OWNER INFORMATION: Identify individual(s) or Business(es) responsible for payment of Registration Fees at the facility location named above
Company/Individual Name: _____ Ownership Effective Date: _____
Mail Address: _____ STCM Account Number (if known): _____
City, State, Zip: _____
Contact Person: _____
Telephone: _____ Email Address: _____

C. PROPERTY OWNER INFORMATION: Identify individual(s) or entity that if vested with ownership, dominion or legal or rightful title to the real property
Company/Individual Name: _____ Ownership Effective Date: _____
Mail Address: _____
City, State, Zip: _____
Contact Person: _____
Telephone: _____ Email Address: _____

D. TANK/VESSEL INFORMATION: Complete one row for each storage tank or compression vessel system located at this facility (see Registration Instructions for codes)

Tank ID	T or V	A or U	Capacity	Installation Date	Content Code	Status	Effective Date	Construction	Piping	Monitoring
1										
2										
3										
4										
5										
6										
7										
8										

Certified Contractor (performing UST installation or removal): _____ DBPR License No.: _____

Facility Registration Certification: To the best of my knowledge and belief, all information submitted on this form is true, accurate and complete.

Signature Date

Printed Name Title

Submit this form to tankregistration@dep.state.fl.us