## UNDERGROUND STORAGE TANK DESIGNATED UNDERGROUND STORAGE TANK OPERATOR IDENTIFICATION FORM (Page 1 of 1)

Every underground storage tank (UST) facility must have at least one designated UST operator. A copy of this completed form must be electronically submitted via either the California Environmental Reporting System (CERS) or an equivalent local Unified Program Agency electronic reporting portal within 30 days of: 1) an installation of a UST; 2) a change in owner or operator of the UST; or 3) an addition or change of an individual performing designated UST operator inspections or facility employee training at this facility. [California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2715(a).]

Regulations, Title 2	3, Division 3, Chapter 16, Sec	tion 2/15(a).]				
Type of Action	☐ New UST Installation	☐ Change of Owner or Operator	r 🔲 New or C	☐ New or Change of Designated UST Operator		
I. FACILITY INFORMATION						
Business Name (San	ne as Facility Name or DBA-Do	ing Business As)		CERS ID		
Business Site Address			City		ZIP Code	
		ocument the facility inspections an Title 23, Division 3, Chapter 16, Sec			cility listed above in	
II.	DESIGNATED UND	ERGROUND STORAGE TAI	NK OPERATOR(	S) INFORMATI	ON	
Name of Designated	UST Operator (Print as shown	on the ICC certification.)	ICC Certific	cation #		
Mailing Address			<b>,</b>	Phone #		
Name of Designated	UST Operator (Print as shown	on the ICC certification.)	ICC Certific	cation #		
Mailing Address				Phone #		
Name of Designated UST Operator (Print as shown on the ICC certification.)			ICC Certific	cation #		
Mailing Address				Phone #		
Name of Designated UST Operator (Print as shown on the ICC certification.)		ICC Certific	ICC Certification #			
Mailing Address				Phone #		
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Mailing Address				Phone #		
Name of Designated UST Operator (Print as shown on the ICC certification.)			ICC Certific	cation #		
Mailing Address			I	Phone #		
Name of Designated UST Operator (Print as shown on the ICC certification.)			ICC Certific	cation #		
Mailing Address			l	Phone #		

Attach additional page(s) containing all the information in section II if more alternates are used.