

Authorization to Certify UST Registration Renewal Form

Facility/Program Interest ID:

Facility Name:

Facility Address:

I hereby certify that I am the Facility Owner of the above referenced facility and I authorize _____ to certify on my behalf for
(Print)

the annual Underground Storage Tank registration renewal.

Name of Facility Owner: _____

Signature: _____

Date: _____

I hereby certify that I am the Facility Operator of the above referenced facility and I authorize _____ to certify on my behalf for
(Print)

the annual Underground Storage Tank registration renewal.

Name of Facility Operator: _____

Signature: _____

Date: _____

Certifier's Organization: _____