

**APPENDIX III - APPLICATION FOR UNDERGROUND STORAGE TANK PERMIT RENEWAL** Form 03 (Rev. 11/17)

Guam Environmental Protection Agency, Hazardous Waste Management Program  
17-3304 Mariner Avenue Tiyan, Barrigada, Guam 96913

Renewal Fee (\$250)

**STATE USE ONLY**

Facility Permit Number \_\_\_\_\_ Date Received \_\_\_\_\_  
Permit Fee \_\_\_\_\_ Date Entered into Computer \_\_\_\_\_  
Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_  
Comments: \_\_\_\_\_

Please type or print in ink all items, then "signatures" in Sections VI and VII.

**I. LOCATION OF TANK(S)**

Facility or Company Name \_\_\_\_\_ Contact Person at Location \_\_\_\_\_  
Location Address (Physical or Street Address) \_\_\_\_\_ Location Phone # \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Person Email Address \_\_\_\_\_

**II. CONTACT PERSON IN CHARGE OF TANK(S)**

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

**III. OWNER OF TANK(S)**

Owner(s) Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Owners Email Address \_\_\_\_\_

<input type="checkbox"/>	Private
<input type="checkbox"/>	Incorporated/Corporation
<input type="checkbox"/>	Government – Federal or Local
<input type="checkbox"/>	Other

**IV. OPERATOR OF TANK(S) (If same as Section II \_\_\_ or Section III \_\_\_ check then go to Section V )**

Operator Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Operators Email Address \_\_\_\_\_

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**V. Did you have any repairs since your last application? Y \_\_\_\_ N \_\_\_\_.** If yes, summarize what action was taken.

**Date of Repair:** \_\_\_\_\_

**Describe Type of Repair:** (Such as, repair to tank, piping, and/or appurtenance)

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**VI. OPERATOR'S CERTIFICATION (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

\_\_\_\_\_  
Name of operator or operator's authorized representative (Print or Type)

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**VII. OWNER'S CERTIFICATION (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

\_\_\_\_\_  
Name of owner or owner's authorized representative (Print or Type)

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date