



**SELLERS NOTIFICATION FOR
UNDERGROUND and ABOVEGROUND
STORAGE TANKS** State Form 56967 (R2 / 4-24)

Indiana Department of Environmental Management
Petroleum Branch

The information requested is required by 329 IAC 9. This form should only be used for tanks previously registered with the IDEM Petroleum Branch. The Seller must include the deed or updated property card as proof ownership has transferred.

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT
USTRegistration@idem.in.gov

Facility ID Number:

A FACILITY NAME / LOCATION

FACILITY NAME		FACILITY ADDRESS (number and street)		
ADDRESS (line 2)	CITY	STATE	ZIP CODE	COUNTY

B FORMER OWNER (SELLER)

Option 1: TANK OWNER NAME (Business Name as registered with the Secretary of State)		Tank Owner	Property Owner
Option 2: TANK OWNER NAME (If a Public Agency or other entity)			
Option 3: TANK OWNER NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
TELEPHONE NUMBER	EMAIL ADDRESS		
DATE TANKs WERE SOLD (MM/DD/YYYY)	INFORMED BUYER OF TANK REPORTING REQUIREMENTS	YES	NO

C NEW OWNER (BUYER)

Option 1: TANK OWNER NAME (Business Name as registered with the Secretary of State)		Tank Owner	Property Owner
Option 2: TANK OWNER NAME (If a Public Agency or other entity)			
Option 3: TANK OWNER NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)			ADDRESS (line 2)
CITY	STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)
TELEPHONE NUMBER	EMAIL ADDRESS		

FORMER OWNER SIGNATURE

Only the tank seller is required to fill out and sign the Tank Owner Certification section on the attached page.

FACILITY ID #		TRANSACTION ID - FOR STATE USE ONLY		
TANK OWNER CERTIFICATION				
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.</p>				
OWNER'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>		
SIGNATURE				DATE <i>(MM/DD/YYYY)</i>
UST OPERATOR CERTIFICATION				
<p>I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):</p> <p>(1) Installation of all tanks and piping under 40 CFR 280.20. (2) Cathodic protection of steel tanks and piping under 40 CFR 280.20. (3) Release detection under 40 CFR 280 Subpart D. (4) Financial responsibility under 329 IAC 9-8.</p>				
OPERATOR'S AUTHORIZED REPRESENTATIVE <i>(Print or Type)</i>				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME <i>(If Individual Leave Blank)</i>		
SIGNATURE				DATE <i>(MM/DD/YYYY)</i>
CONTRACTOR CERTIFICATION				
CERTIFIED INDIVIDUAL NAME				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
<p>OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.</p>				
SIGNATURE		EMAIL ADDRESS		DATE <i>(MM/DD/YYYY)</i>