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| TR-WM-153 (9/22) Formerly ERS-10861 | | | | | | | | | | | | | | | | FOR OFFICE USE ONLY | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Bureau of Weights and Measures Storage Tank Regulation, PO Box 7837, Madison, WI 53707-7837 Phone: (608) 224-4942 | | | | | | | | | | | | | | |  | | | | | |
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| Wis. Admin. Code §ATCP 93.140 | | | | | |
| CHANGE OF OWNERSHIP:  FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION | | | | | | | | | | | | | | | | | | | | | |
| Aboveground and underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Send completed form to the agency designated above. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.). | | | | | | | | | | | | | | | | | | | | | |
| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | |
| 1. TANK FACILITY NAME | | | | | | | | | | | PHONE NUMBER  (   )     - | | | | | | COUNTY | | | | |
| FACILITY STREET ADDRESS | | | | | | | | | | CITY | | TOWN | | | VILLAGE | | | | | STATE  WI | ZIP |
|  | | | | | | | | | |
| 1. TANK OWNER LEGAL NAME | | | | | EMAIL ADDRESS | | | | | | PHONE NUMBER  (   )     - | | | | | | COUNTY | | | | |
| TANK OWNER STREET ADDRESS | | | | | | | | | | CITY | | TOWN | | | VILLAGE | | | | | STATE | ZIP |
|  | | | | | | | | | |
| 1. PREVIOUS FACILITY NAME | | | | | | | STREET ADDRESS (if different than #1) | | | | CITY | | | | | | | | | STATE | ZIP |
| SITE INFORMATION | | | | | |  | | | | | | | |  | | | | | | | |
| SITE ID # | | | | | | FACILITY ID # | | | | | | | | CUSTOMER ID # | | | | | | | |
| TANKS REGISTERED TO FACILITY | | | | | | | | | | | | | | | | | | | | | |
| Tank ID# | | Tank Type | Capacity (gallons) | | | | | Contents | | | | | Current Status  Municipal  Other Government  Private | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
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|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
|  | | AST  UST |  | | | | |  | | | | | In Use  Temporarily out of Service  Abandoned | | | | | | | | |
| DO YOU HAVE OTHER FEDERALLY REGULATED TANKS REGISTERED IN WISCONSIN?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If “yes” is selected above, please list in the space provided below all other facilities and legal entities owned. Attach additional pages of facilities and legal entities to this form as needed. | | | | | | | | | | | | | | | | | | | | | | |
| FACILITY NAME AND LEGAL ENTITY | | | | FACILITY ADDRESS | | | | | FACILITY NAME AND LEGAL ENTITY | | | | | | | | | | FACILITY ADDRESS | | | |
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| **DATE OWNERSHIP CHANGED:** | | | | | | | | | | | | | | | | | | | | | | |
| TANK OWNER LEGAL NAME (please print) | | | | | | | | | | | | | | | | | | TANK OWNER EMAIL | | | |
| TANK OWNER SIGNATURE(Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) | | | | | | | | | | | | | | | | | | DATE: | | | |
| Submit a copy of the recorded deed along with this change of ownership form.  This document can be made available in alternate formats to individuals with disabilities upon request. | | | | | | | | | | | | | | | | | | | | | |