



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

FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.140

CHANGE OF OWNERSHIP: FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE

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	<input type="checkbox"/> CITY	<input type="checkbox"/> TOWN	<input type="checkbox"/> VILLAGE	STATE WI
2. TANK OWNER LEGAL NAME	EMAIL ADDRESS	PHONE NUMBER () -	COUNTY	
TANK OWNER STREET ADDRESS	<input type="checkbox"/> CITY	<input type="checkbox"/> TOWN	<input type="checkbox"/> VILLAGE	STATE ZIP
3. 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	Contents	Current Status
	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> Abandoned
	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> Abandoned
	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> Abandoned
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	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> Abandoned
	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> Abandoned
	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> Abandoned
	<input type="checkbox"/> AST <input type="checkbox"/> UST			<input type="checkbox"/> In Use <input type="checkbox"/> Temporarily out of Service <input type="checkbox"/> 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

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.