

# Appendix 1R - Renewal Application for Certificate of Compliance for Dispensing Facilities

## THE COMMONWEALTH OF MASSACHUSETTS

Department of Revenue  
Underground Storage Tank Board  
100 Cambridge Street, 7<sup>th</sup> Floor – P.O. Box 9563  
Boston, MA 02114

### RENEWAL APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR DISPENSING FACILITIES

#### I. INSTRUCTIONS

Please type or print in ink and sign the owner/operator certification on the reverse side. **A copy of the current Facility Detail Report from MassDEP's online UST Data Management System (DMS) must accompany this application. Please note that the facility owner identified in Section II below must match the information in the MassDEP UST DMS.** Also enclose a copy of:

- (1) If a Marina, a Marine Fueling Permit (FP-294)
- (2) Applicable current testing reports (cathodic protection, product line, line leak detector, etc.). See below.

*Note: The UST Program encourages you to use our internet based "eUST" application to submit and manage your Certificate of Compliance (COC) Renewal Application in lieu of this form. Please visit our website for more information: [www.mass.gov/ust](http://www.mass.gov/ust)*

#### II. OWNERSHIP OF TANK(S)

#### III. LOCATION OF TANK(S)

Owner Name (Corporation, Individual, or Other Entity)	Facility Name (Corporation, Individual, or Other Entity)
Street Address	Street Address (P.O. Box not acceptable)
City State Zip	City State Zip
Mail Address if Different from Street Address	County
Phone Number (Include Area Code)	Phone Number (include Area Code)

#### IV. GENERAL – UST Facility Identification / COC Number: \_\_\_\_\_

- Facility Detail Report attached?   
Marine Fueling Permit attached?   Not Applicable

#### V. UST COMPLIANCE TESTING

##### Cathodic Protection System Testing: Check applicable box

- Not Applicable - UST system is Fiberglass, Composite, etc.  
 Sacrificial Anode System (If selected, please check the applicable testing frequency below)  
 Annual test report (-0.85 V to -0.90 V) **or**  3-yr test (> -0.90 V) Attach report.  
 Impressed Current System - Attach annual test survey report.

##### Product Piping Test Report: Check applicable box

- Pressurized - Attach annual line and line leak detector test report.  
 Pressurized equipped with interstitial monitoring - Attach annual line leak detector test report.  
 Suction, check valve at tank - Attach 3-year test report (No test required if equipped with interstitial monitor)  
 Suction, check valve at dispenser only, none at tank– No test required.

*Note: Failure to provide applicable test reports may result in disapproval of this COC renewal application and the possible revocation of the current existing COC for Failure to Properly Renew.*

## Appendix 1R, continued

### VI. CERTIFICATION

#### Owner/Operator Certification

I certify to the best of my knowledge and belief that this Dispensing Facility and UST System is in Full Compliance with the provisions of 310 CMR 80.00, 503 CMR 2.00 and M.G.L. Chapter 21J. I hereby consent to all audits of any payments, submissions to the Board, and inspections made pursuant to law and incidental to the issuance of licenses, registrations, permits, certificates and the operation of this UST System. I further certify that I am authorized to execute this form. I declare under the penalty of perjury that to the best of my knowledge and belief the statements made and information given herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Check One:  Owner      Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Operator

<b>THIS SECTION FOR DOR OFFICE USE ONLY</b>
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Reviewer initials: \_\_\_\_\_

Date Stamp

Was owner/operator contacted for clarification?  Yes  No

Findings: \_\_\_\_\_

Facility Detail Report current?  Yes  No

Testing/TPI reviewed?  Yes  No

Annual tank fees billed & current?  Yes  No

**APPROVED**

**DISAPPROVED/REVOKED FOR FAILURE TO PROPERLY  
RENEW**

Name \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Title \_\_\_\_\_