



Massachusetts Department of Environmental Protection
 Bureau of Air & Waste
 Underground Storage Tank (UST) Program
UST/POI – Standard Proof of Identity

Instructions

Anyone electronically submitting registration, third-party inspection or compliance certification forms on behalf of a UST System Owner or Operator Entity must complete this Proof of Identity form, documenting his or her authority to electronically sign them.

1. If you have not done so yet, create a [UST Data Management/Online Filing System](#) User Account.
2. Complete and print this form. **Note:** When filling it out on the computer, use only the Tab key to move your cursor - do not use the Return (or Enter) key.
3. Provide a handwritten signature and have it witnessed by a Notary Public.
4. Mail the completed and signed form to:

MassDEP UST Program
 Data Management
 100 Cambridge Street, 9th Floor
 Boston, MA 02114

A. Legal Name of Owner or Operator Entity

<p>1. Entity Name _____</p> <p>3. Federal Employee Identification Number (FEIN)* _____</p> <p>4. Mailing Address _____</p> <p>5. City/Town _____</p>	<p>2. This Entity is the <input type="checkbox"/> Owner <input type="checkbox"/> Operator</p> <p>*Do not enter a Social Security Number here. If you do not have an FEIN, contact dep.ust@state.ma.us for assistance.</p> <p>6. State _____</p> <p>7. Zip Code _____</p>
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B. Owner or Operator Signatory Certification Statement

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

6. Source of Authority to Electronically Sign Documents (check only one box):

- If a Corporation or Non-Profit Corporation:
- a. President
 - b. Secretary
 - c. Treasurer
 - d. Vice President (if authorized to contractually bind the corporation)
 - e. Employee of the Corporation (if authorized to contractually bind the corporation)
- If a Limited Liability Company (LLC):
- f. Person authorized to contractually bind the company

<p>1. Print Owner/Operator Signatory Name _____</p> <p>2. Signature _____</p> <p>3. Date Signed (MM/DD/YYYY) _____</p> <p>4. Telephone Number _____</p> <p>5. Email Address _____</p> <p>If a Partnership:</p> <p>g. <input type="checkbox"/> General Partner (if authorized to contractually bind the partnership)</p> <p>If a Sole Proprietorship:</p> <p>h. <input type="checkbox"/> Proprietor</p> <p>If a Municipality or Public Agency:</p> <p>i. <input type="checkbox"/> Principal Executive Officer or Ranking Elected Official (if authorized to contractually bind the municipality or public agency)</p> <p>If a Trust:</p> <p>k. <input type="checkbox"/> Trustee or Other Person authorized to contractually bind the trust</p>



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C. Witness Statement – Must be Completed by a Notary Public

“On this date, the individual named above personally appeared before me. S/he is to me known to be the person described in, and who executed, the foregoing instrument, and acknowledged that s/he executed the same as her/his free act and deed.”

1. State

2. County

3. Notary Public Name (Printed)

4. Notary Public Signature

5. Date Signed (MM/DD/YYYY)

6. Date My Commission Expires (MM/DD/YYYY)

Notary Seal:
