



Heating Fuel Storage Facility Registration Form

Heating Fuels Emissions Reporting - Pursuant to 310 CMR 7.71

A. HEATING FUEL STORAGE FACILITY INFORMATION

(Heating Fuel Storage Facility or Storage Facility: A storage and distribution facility located in the United States from which heating fuel is disbursed to Massachusetts. A storage and distribution facility that is used exclusively by a heating fuel supplier for the sole purpose of filling trucks that will deliver fuel owned by the same heating fuel supplier for consumption as heating fuel in Massachusetts is not a heating fuel storage facility).

Facility Name:		
Operating Name(s):		
Owner(s) Name(s):		
Operator(s) Name(s):		
Number of Heating Oil Storage Tanks:	Number of Propane Storage Tanks:	
Facility Address:		
City/Town:	State:	ZIP Code:
Same as Above		
Mailing Address:		
City/Town:	State:	ZIP Code:

B. DESIGNATED REPRESENTATIVE INFORMATION

(Designated Representative: The individual who is authorized by the owners and operators of a heating fuel supplier or heating fuel storage facility to represent and legally bind the owners and operators in matters pertaining to 310 CMR 7.71(5)).

First Name: _____	Last Name: _____
Email: _____	Phone #: _____
Address: _____	Town: _____
State: _____	Zip Code: _____



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At the time of submittal, the Designated Representative certifies the following statements:

I certify I was selected as the designated representative by an agreement binding on the heating fuel supplier or storage facility operator.

I certify that I have all the necessary authority to carry out my duties and responsibilities under 310 CMR 7.71(5) on behalf of the heating fuel supplier or storage facility operator and that the heating fuel supplier, storage facility operator, and all owners and operators thereof, shall be fully bound by my representations, actions, inactions, or submissions as the designated representative by an agreement binding on the heating fuel supplier or storage facility operator.

I certify that I have personally examined the information that I am submitting, and I am familiar with the information submitted 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.

By signing below, I understand that I will be held as legally bound, obligated, and responsible by the certification statements listed above.

Designated Representative Signature

Date

Please email MassDEP at dep.chets@mass.gov if you have any questions regarding registration.