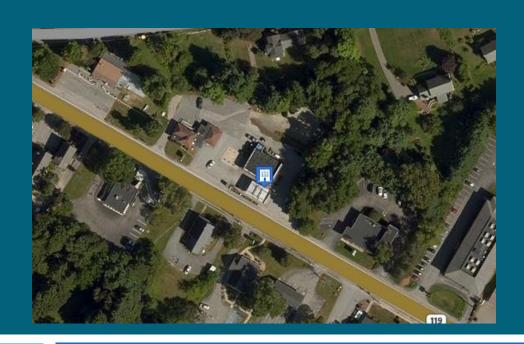
MASSACHUSETTS UNDERGROUND STORAGE TANK (UST) DATA MANAGEMENT SYSTEM NEW OWNERS: HOW TO UPDATE YOUR UST INFORMATION



MassDEP, Bureau of Air and Waste

This Presentation Covers:

Steps for updating ownership of your new business in the UST Data Management System

- 1. Creating your user account
- 2. Creating an owner record
- 3. Changing facility ownership
- 4. How to sign forms electronically

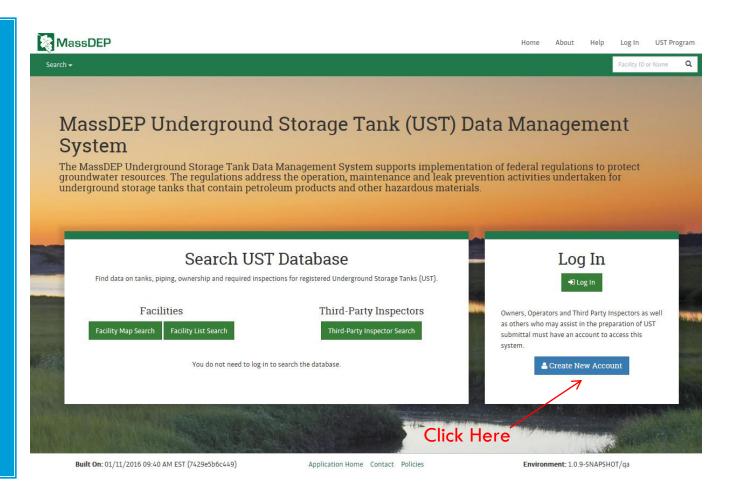
Creating User Account

Create your user account at:
https://maust.windsorcloud.
com/ust/?0 by
clicking the
"Create New
Account button"

video at http://www.mass
.gov/eea/agenci
es/massdep/toxi
cs/ust/videodms-intro.html for quidance

If you need help,

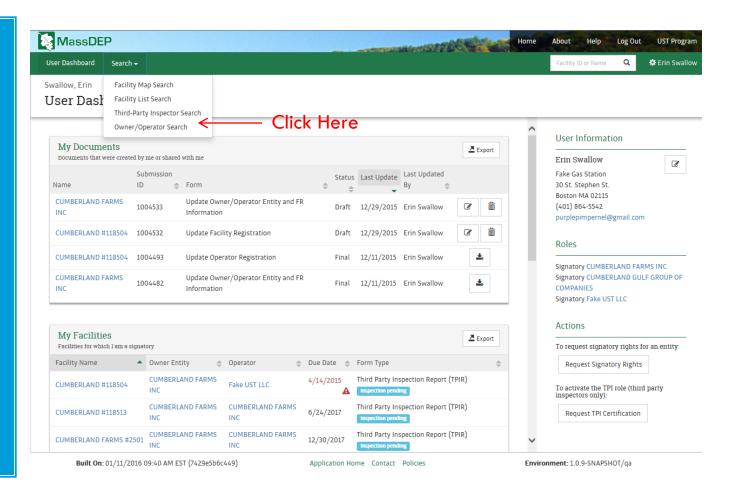
please see the



Create Owner Record

Click the SEARCH dropdown menu and choose "Search Owners/Oper ators."

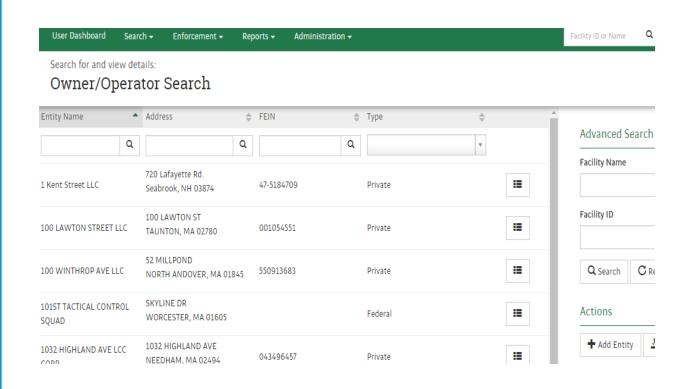
Make sure your business is not already registered as an Owner or Operator Entity



Create an Owner Entity

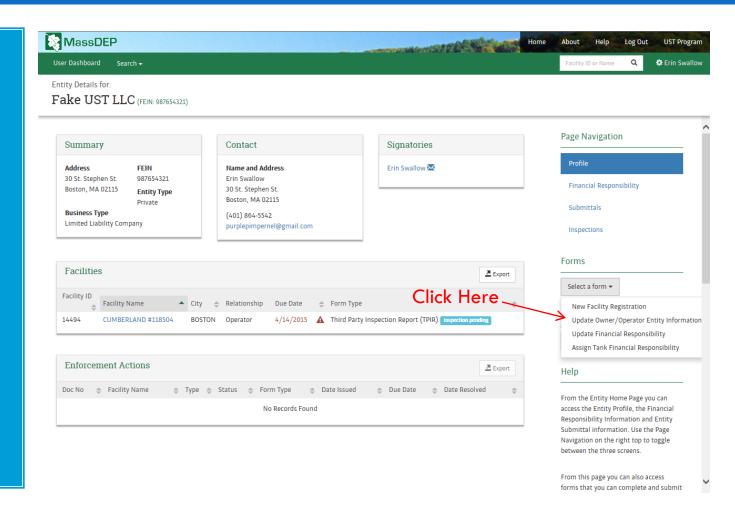
Click "Add Entity" on the right and complete the form

Complete the Entity information and click "Save" to establish the Entity

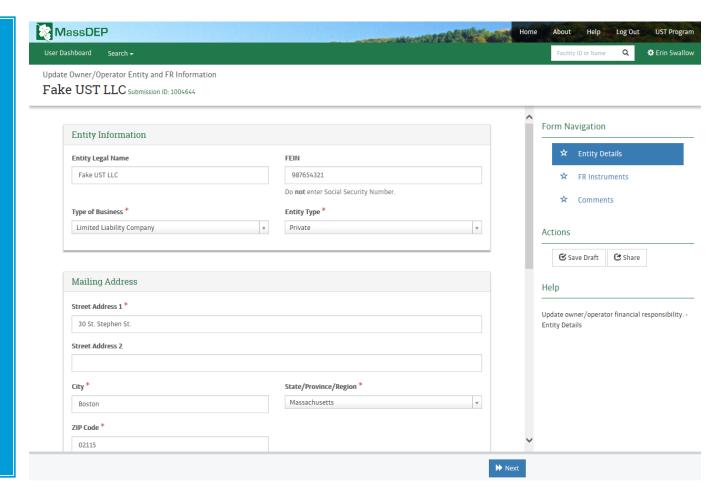


Next search for the Entity and click to Open the details page for your new entity

Open the
"Update
Owner/Oper
ator Entity
Information
Form"

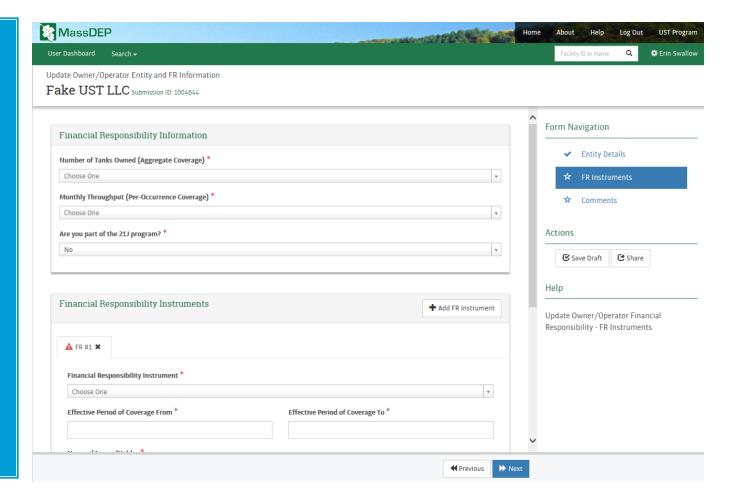


Complete this form, using the blue "Next" button to move to each new page



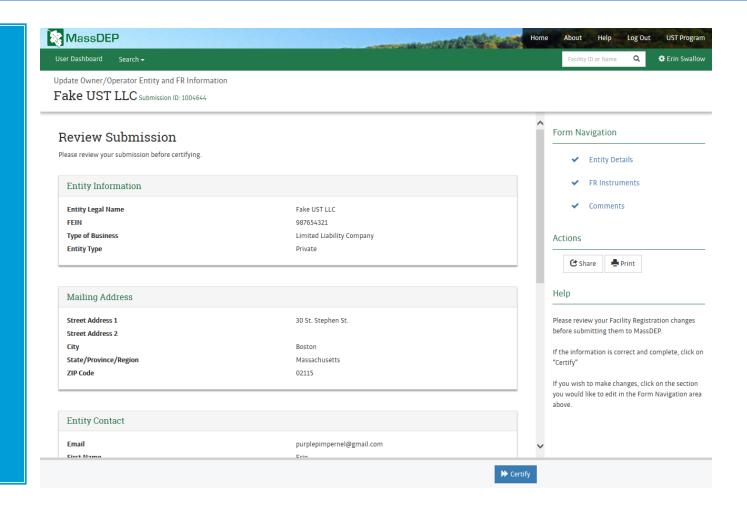
Financial Responsibility

Financial
Responsibility
Instruments
document the
financial
resources to
pay for
damage
caused by
leaking USTs



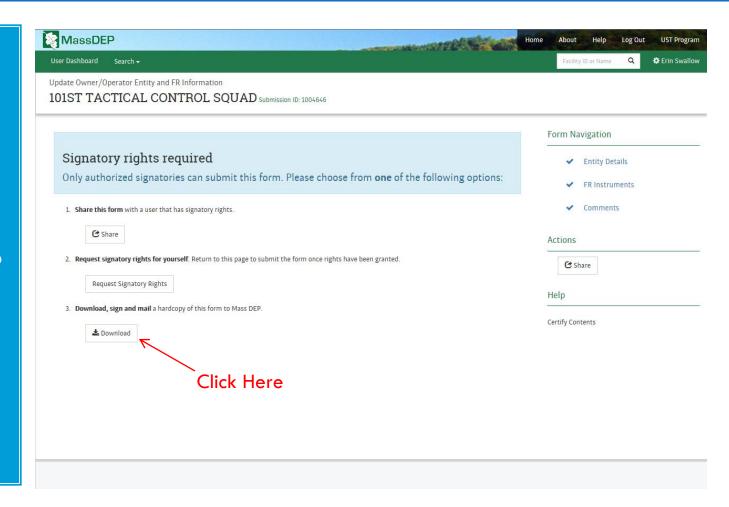
On the last page of the form, click "Review"

After your review, click "Certify"



The Signature page displays and provides submittal options.

Choose
"Download," to
print, complete
and send your
signature
attestation
form to
MassDEP



Signing forms electronically

In order to sign forms electronically, you must create a user account, and an owner entity record before you submit a "UST/POI Standard Proof of **Identity Form**"



Massachusetts Department of Environmental Protection

Bureau of Air & Waste Underground Storage Tank (UST) Program

UST/POI - Standard Proof of Identity

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.

- If you have not done so yet, create a <u>UST Data Management/Online Filing System</u> User Account.
- 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.
- Provide a handwritten signature and have it witnessed by a Notary Public.
- Mail the completed and signed form to:

MassDEP UST Program Data Management One Winter Street, 7th Floor Boston, MA 02108

| A. Legal | Name of | Owner or | Operator | Entity |
|----------|---------|----------|----------|--------|
|----------|---------|----------|----------|--------|

| 1. Entity Name | 2. This Entity is the U Owner U Operator | | | |
|---|--|---|--|--|
| 3. Federal Employee Identification Number (FEIN)* | | Security Number here. If you do not have an total state ma.us for assistance. | | |
| 4. Mailing Address | | | | |
| 5. City/Town | 6. State | 7. Zip Code | | |
| 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 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. \square President

| _ | | | | |
|---|-------|----------------|----------|------|
| 4 | Drint | Owner/Operator | Cianaton | Name |

2. Signature

3. Date Signed (MM/DD/YYYY)

4. Telephone Number

5. Email Address

If a Partnership:

g.

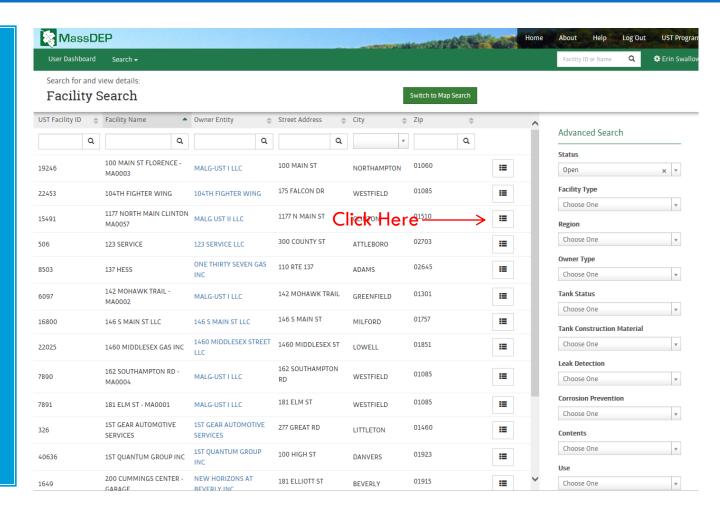
General Partner (if authorized to contractually bind the partnership)

You can find a **UST Standard** Proof of **Identity Form** at:

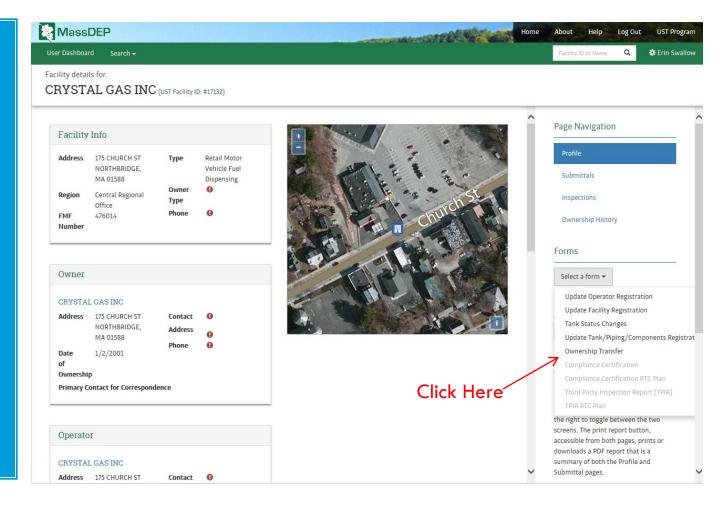
http://www.m ass.gov/eeg/ docs/dep/tox ics/approvals /ust-poi.pdf

Using "Facility List Search" in the "Search" dropdown menu, find the facility under new ownership

Click the button to the right of the facility name to open the facility details page



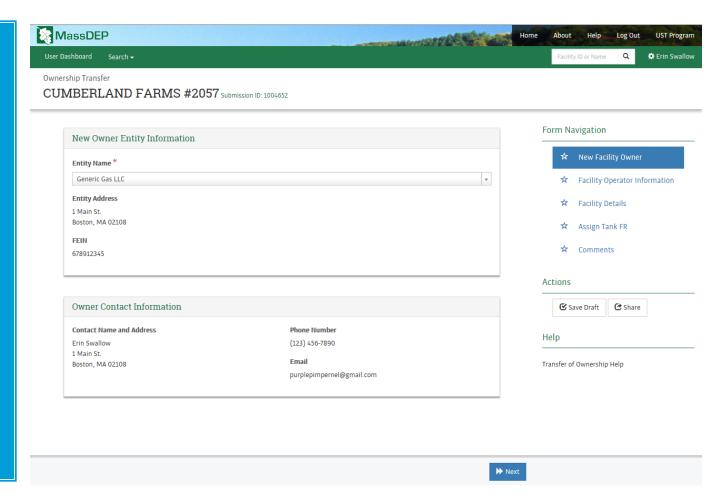
Choose
"Ownership
Transfer" from
the "Select a
form"
dropdown
menu



Choose the new owner entity from the "Entity Name" dropdown menu.

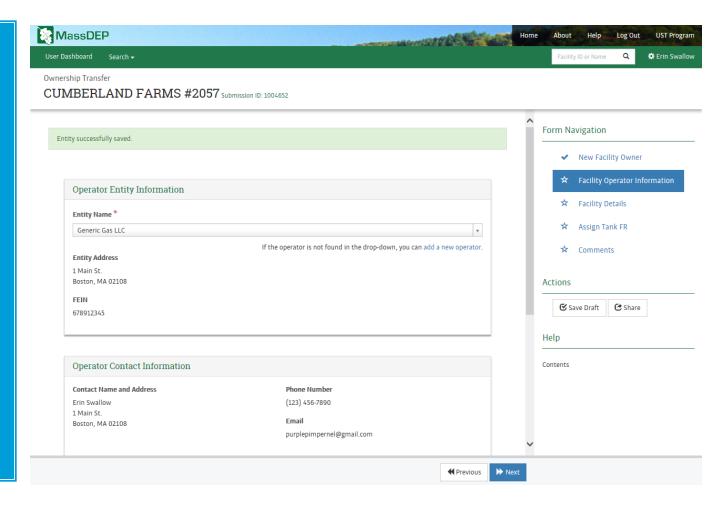
Notice that the new owner's information automatically populates the form

Click "Next"



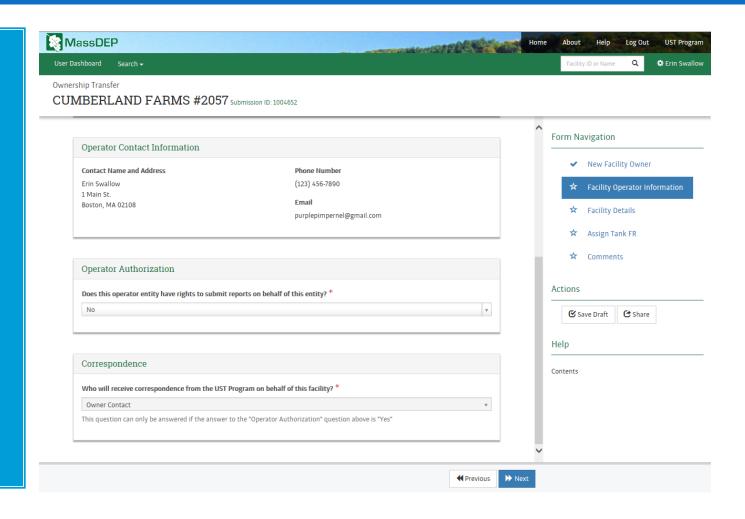
Select the UST Operator from the "Entity Name" dropdown, or choose "add new operator" if it is not on the list.

Creating a new operator will take you to a new form, which you must complete and save



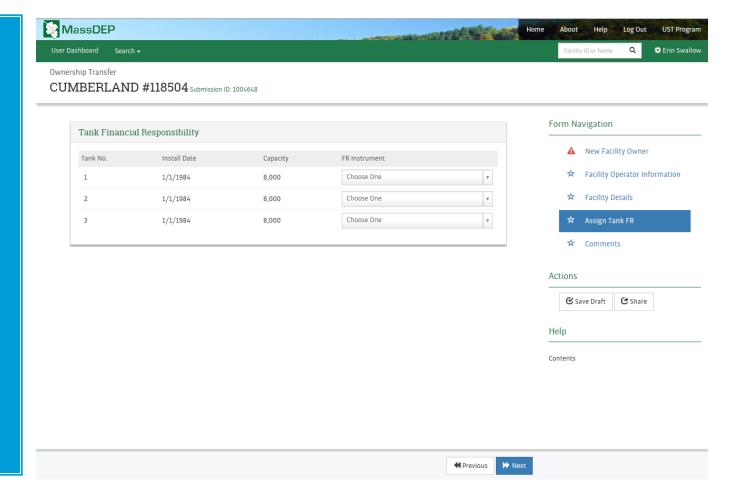
Continue filling out the form, clicking next at the bottom of each page.

Make sure the pre-populated information on each page of the form is correct



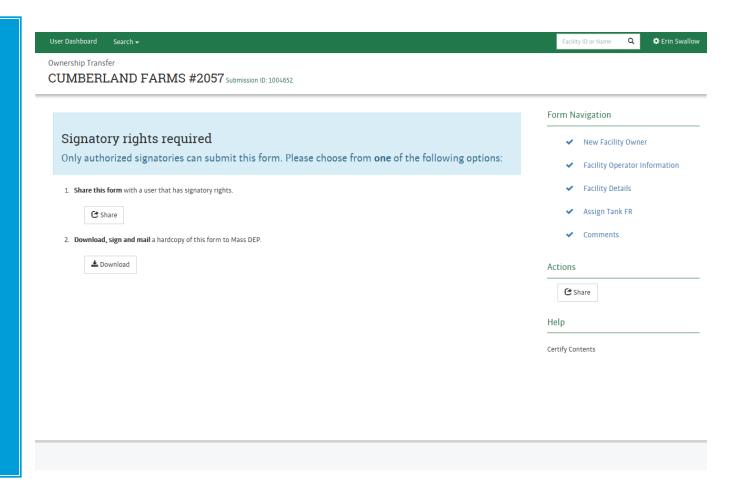
Tank Financial Responsibility

WST Owners
& Operators
must show
their financial
ability to pay
the costs of
leaks and
spills



When you reach the end of the form click "Certify."

Choose
"Download,"
to print,
complete and
send your
attestation
form to
MassDEP



Where to Send Forms

Send all Attestation Pages to:

MassDEP Underground Storage Tank Program 1 Winter St – 7th Floor Boston, MA 02108



If a Limited Liability Company

Massachusetts Department of Environmental Protection Underground Storage Tank Program Phone (617) 556-1035 Email dep.ust@state.ma.us

UST SUBMISSION ATTESTATION (replacement copy)

| Submission Number (please print): | | | | | | |
|--|--|--|--|--|--|--|
| Form Type (Please Print): | | | | | | |
| Facility (Please Print): | | | | | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervisions in accordance with a system designed to assure that qualified personnel properly gathered and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. | | | | | | |
| Name (Please Print) | | | | | | |
| Signature | Date | | | | | |
| Source of Signatory Authority (note: a signatory must be an employee of the Owner Entity and have authorization from a legal source of signatory authority to sign this document on behalf of the Owner Entity. Please indicate the source of the signatory authority below (check box). | | | | | | |
| If a Corporation or Non-Profit Corporation: □ President □ Secretary | If a Partnership: General partner (if authorized to bind the company) | | | | | |
| □ Treasurer □ Vice President | If Sole Proprietorship: | | | | | |
| □ Employee of the corporation (if authorized to bind the | | | | | | |

If Municipality or Public Agency:

□ Principal Executive Officer

For Additional Assistance

Email
dep.ust
Ostate.
ma.us

Call us
at 617556-1035,
ext 2

- Additional HELP is available through the HELP link at the upper right of the UST Data Management System webpage
- Or contact us by email or phone as provided here.

This presentation was prepared by the MassDEP UST Program Team

Thank you!