MASSACHUSETTS UNDERGROUND STORAGE TANK (UST) DATA MANAGEMENT SYSTEM HOW TO REGISTER YOUR UST OWNER/OPERATOR ENTITY INFORMATION



MassDEP, Bureau of Air and Waste

This Presentation Covers:

- Updating your UST Owner/Operator Entity Information
 - 1. Finding your Owner/Operator Entity
 - 2. Entity v. Facility Level Changes
 - 3. Form navigation

4. Forms: Updating Owner/Operator & FR Information, New Facility Registration, & Assign Tank Financial Responsibility

5. Changing Financial Responsibility Information

Log into your user account

You must be logged into your user account in order to update information for your Owner/Oper ator Entity



Login at: https://ma-ust.windsorcloud.com/ust/?0

First Find Your Owner/Operator Entity

UST Facilities are owned and operated by Entities

Choose "Owner/Oper ator Search" from the "Search" dropdown menu

Search for your entity

Open your "Entity Details" page

Search for and vi Owner/Or Third-Party	r Search		n	A	
Owner/Op	erator Search			- · · ·	Advanced Search
B&D*			~		Facility Name
00 LAWTON STREET LLC	100 LAWTON ST TAUNTON, MA 02780	001054551	Private	=	Facility ID
00 WINTHROP AVE LLC	52 MILLPOND NORTH ANDOVER, MA 01845	S50913683	on to open		Q Search C Reset
D1ST TACTICAL CONTROL SQUAD	SKYLINE DR WORCESTER, MA 01605	ie ennry d	Federal	=	Actions
032 HIGHLAND AVE LCC CORP	1032 HIGHLAND AVE NEEDHAM, MA 02494	043496457	Private	=	+ Add Entity
04TH FIGHTER WING	175 FALCON DR WESTFIELD, MA 01085		Federal	=	Help
08 MACYS STREET LLC	720 LAFAYETTE RD SEABROOK, NH 03874	263563712	Private	=	Basic Search Use the filter boxes at the top of each
180 REALTY TRUST	1047 WASHINGTON ST WEYMOUTH, MA 02189	028489291	Private	=	address FEIN number or type of facility. You can enter in any part of the address
19 RTE 6A LLC	147 BRIDGE ST PO BOX 692 BOURNE, MA 02561	043133247	Private	=	have that attribute in their address. For example, if you wish to know all of the owners/operators whose address is in the City of Boston, simply type Poston
0 SPRING LLC	110 SPRING ST WINCHENDON, MA 01475	134319159	Private	=	into the search box at the top of the address column. Click on the magnifying glace to initiate the coarch

Next Update Owner/Operator Details

Review Owner & Operator Summary, Contact and Financial Responsibility information

ser Dashboard Search -			Facility ID or Name 🔍 🔅 Erin Sw
tity Details for: ake UST LLC (FEIN: 987654321)			
Summary	Contact	Signatories	Page Navigation
Address FEIN	Name and Address	act Signatories and Address wallow Erin Swallow softward Francial Responsibility synda Submittals inspections Inspections Signatories Forms submittals Inspections submittals Inspections Select a form * Request Signatory Rights equest Signatory Rights Help Form Type + Date Issued + Due Date + Date Resolved + From the Entity Home Page you can access the Entity Profile, the Financial Responsibility Information and Entity Submittal Information and Entity Submittals Information Informat	
Boston, MA 02108 Entity Type Private	1 Boston St. Boston, MA 02108		Financial Responsibility
Business Type Limited Liability Company	(123) 456-7890 purplepimpernel@gmail.com		Inspections
Facilities		Z Export	Forms
Facility ID	ty 💠 Relationship Due Date 💠 Form 1	ſype 🗢	Select a form 👻
14494 CUMBERLAND #118504 BC	STON Operator 4/14/2015 🛕 Third F	Party Inspection Report (TPIR) Inspection pending	Request Signatory Rights
Enforcement Actions		🗷 Export	Help
Doc No 🚖 Facility Name 🚖 Type	e 💠 Status 🔶 Form Type 🛛 🌩 Date Issu	ed 💠 Due Date 💠 Date Resolved 💠	From the Entity Home Page you can
	No Records Found		access the Entity Profile, the Financial Responsibility Information and Entity Submittal information. Use the Page Navigation on the right top to toggle between the three screens.
			From this page you can also access

Owner/Operator Entity Forms

Changes are made by completing forms. The forms are found in the "Select Forms" dropdown menu

er Dashboard Search -				Facility ID or Name	Q	🏶 Erin Swal
tity Details for: ake UST LLC (FEIN: 987654321)						
Summary	Contact	Signatories		Page Navigati	on	
Address FEIN 1 Boston St. 987654321	Name and Address Erin Swallow	Erin Swallow 🐱		Profile	at at a	
Boston, MA 02108 Entity Type Private Business Type	1 Boston St. Boston, MA 02108 (123) 456-7890		-	Submittals	onsidility	
Limited Liability Company	purplepimpernel@gmail.com	Click here		Inspections		
Facilities		르 Export		Forms		
Facility ID	ry 🌲 Relationship Due Date 🌲 Form T	ýpe 🌩		Select a form 👻		
14494 CUMBERLAND #118504 BC	STON Operator 4/14/2015 🛕 Third P	Party Inspection Report (TPIR) inspection pending		Request Signa	atory Right	ts
Enforcement Actions				Request Signat	ory Rights	
Doc No 🍝 Escility Namo 🌰 Tuno	e Status e Form Tuno e Dato Issu	ad		негр		
boc no	No Records Found	α φ Due Date φ Date Resulten φ		From the Entity H access the Entity Responsibility Inf Submittal inform Navigation on the between the thre	lome Page yo Profile, the Fi ormation and ation. Use the right top to e screens.	u can inancial d Entity e Page toggle
				From this page w		

Form Prompts

To update information complete each page of the form

A red asterisk indicates mandatory information

Click "Next" to move through the forms pages

A red triangle indicates the form is missing mandatory information

Jser Dashboard Search -			Facility ID or Name 🔍 🌣 Erin St
pdate Owner/Operator Entity and FR Information	Indicates missing info	o on "	Entity
Fake UST LLC Submission ID: 1004712	Details" page of for	m 🔨	_
Financial Besponsibility Information			Form Navigation
Number of Tanks Owned (Aggregate Coverage) *			Entity Details
100 or less (Min Coverage: \$1,000,000)		v	★ FR Instruments
Monthly Throughput (Per-Occurrence Coverage) *			☆ Comments
More than 10,000 gallons (Min Coverage: \$1,000,000)		v	
Are you part of the 21J program? * 🧲 🔤 📗	dicates mandatory		Actions
Yes in	formation	Y	Save Draft
			Help
Financial Responsibility Instruments	+ Add FR Instrum	ent	Undate Owner/Operator Einancial
			Responsibility - FR Instruments
	€ Previous	→ Next	

Form Prompts

"Save Draft" lets you save your progress on your user dashboard

"Share" lets you give the form to another UST DMS user to edit, review or sign

MassDEP	STORE STORE	Home	About	Help Log	Out UST Pro
ser Dashboard Search +			Facility ID	or Name Q	🔅 Erin Sw
odate Owner/Operator Entity and FR Information ake UST LLC Submission ID: 1004712					
Financial Responsibility Information			Form Navi	gation	
Number of Tanks Owned (Aggregate Coverage) *			A E	ntity Details	
100 or less (Min Coverage: \$1,000,000)	¥		☆ F	R Instruments	
Monthly Throughput (Per-Occurrence Coverage) * More than 10,000 gallons (Min Coverage: \$1,000,000)	v		☆ C	omments	
Are you part of the 21J program? *			Actions		
Yes	¥		🕑 Save	Draft 🕑 Sł	nare
Financial Responsibility Instruments	+ Add FR Instrument		Help Update Owr	er/Operator I	Financial
			Sa	ve Dr	aft
			&	Shar	e
	H Previous	Next			
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Form Prompts

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

Check your responses, then click "Certify"

Clicking certify locks your form – you will not be able to edit it

Fake UST LLC Submission ID: 1004644				
Review Submission			^	Form Navigation
Please review your submission before certifying.				 Entity Details
Entity Information				✓ FR Instruments
Entity Legal Name FEIN	Fake UST LLC 987654321			✓ Comments
Type of Business	Limited Liability Company			Actions
Entity Type	Private			C Share
Mailing Address				Help
Street Address 1 Street Address 2	30 St. Stephen St.			Please review your Facility Registration changes before submitting them to MassDEP.
City	Boston			If the information is correct and complete click
State/Province/Region	Massachusetts	• • •		"Certify"
ZIP Code	02115	Certity		If you wish to make changes, click on the section
				you would like to edit in the Form Navigation a above.
Entity Contact				
Email	purplepimpernel@gmail.com	\backslash	~	

Signing & Submitting Forms

After you click certify, you can choose how to sign your form

Click "Share" to forward the form to someone else to sign and submit

Click "Download" to download, print, and mail in the signature page

Jser Dashboard Search +	Facility ID or Name Q Erin Swallo
CUMBERLAND FARMS #2057 Submission ID: 1004652	
Signatory rights required Only authorized signatories can submit this form. Please choose from one of the following options:	Form Navigation New Facility Owner Facility Operator Information
 Share this form with a user that has signatory rights. Share Download, sign and mail a hardcopy of this form to Mass DEP. 	 Facility Details Assign Tank FR Comments
▲ Download	Actions C Share
	Help Certify Contents

Where to Send Signatures

Send all Attestation Pages to:

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



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):______

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:	If a Partnership:
President	 General partner (if authorized to bind the company)
 Secretary 	
Treasurer	If Sole Proprietorship:
Vice President	Proprietor
 Employee of the corporation (if authorized to bind the 	
corporation	
	If Municipality or Public Agency:
If a Limited Liability Company:	Principal Executive Officer

Electronic Signature

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

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Massachusetts Department of Environmental Protection Bureau of Air & Waste Underground Storage Tank (UST) Program

UST/PO	l – Standard	Proof	of I	dentity	1
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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.
- 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	Owner Operator
3. Federal Employee Identification Number (FEIN)*	*Do not enter a Social FEIN, contact <u>dep.us</u>	Security Number here. If you do not have a t@state.ma.us for assistance.
4. Mailing Address		
5. City/Town	6. State	7. Zip Code
Owner or Operator Signatory Certification	on 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."

1. Print Owner/Operator Signatory Name

2. Signature

3. Date Signed (MM/DD/YYYY)

4. Telephone Number

5. Email Address

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

- If a Corporation or Non-Profit Corporation:
- a. President
- b. Secretary

 g. General Partner (if authorized to contractually bind the partnership)

If a Cala Dransistambir

You can find a UST Standard Proof of Identity Form at: http://www.m <u>ass.gov/eea/</u> docs/dep/tox ics/approvals /ust-poi.pdf

Owner/Operator Entity & FR Information

First:

Update Owner Operator Entity & Financial Responsibility forms for your UST Owner and Operator

Dashboard Search -				Facili	ty ID or Name	Q	•
te Owner/Operator Entity and FR Information							
CONT LLC Submission ID: 1004696							
			^	Form N	avigation		
Entity Information					avigation		
Entity Legal Name		FEIN		*	Entity De	tails	
Fake UST LLC		987654321		*	FR Instru	ments	
		Do not enter Social Security Number.		*	Comment	s	
Type of Business *		Entity Type *					
Limited Liability Company	v	Private *		Actions			
			- 1	R	ave Draft	C Shara	
				0.		C share	
Mailing Address				Help			
Street Address 1 *				Undate or	upor loporate	financial	
1 Boston St.				Entity De	tails	n manciai	resp
Street Address 2							
City *		State/Province/Region *					
Boston		Massachusetts v					
ZIP Code *							
02108			~	,			
			_				

Information covered by this form must be up to date before updating other information!

Update Owner/Operator & FR Information

On the 2nd page of this form update information about your financial resources and coverage for cleaning up UST leaks and spills

date Owner/Operator Entity and FR Information		
ake UST LLC Submission ID: 1004699		
Financial Responsibility Information		Form Navigation
Number of Tanks Owned (Aggregate Coverage) *		 Entity Details
100 or less (Min Coverage: \$1,000,000)	v	🖈 FR Instruments
Monthly Throughput (Per-Occurrence Coverage) *		🛠 Comments
More than 10,000 gallons (Min Coverage: \$1,000,000)	×	Actions
Are you part of the 21J program? " Yes	¥	
		𝕑 Save Draft 🕑 Share
		Help
Financial Responsibility Instruments	🕇 Add FR Instrument	Update Owner/Operator Financial
		Responsibility - FR Instruments

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➢ Next

Previous

Update FR Information - 21J Program

The 21J program is the Dept. of Revenue's Petroleum Product Clean-up Fund

The Certificate of Compliance (COC) is issued for this type of FR

Financial Responsibility Information		For	m Navigation
Number of Tanks Owned (Aggregate Coverage) *			 Entity Details
100 or less (Min Coverage: \$1,000,000)	v		★ FR Instruments
Monthly Throughput (Per-Occurrence Coverage) *		- '	☆ Comments
More than 10,000 gallons (Min Coverage: \$1,000,000)	٧		
Are you part of the 21J program? *		Act	ions
Yes	¥	[🕑 Save Draft 🕑 Share
			р
Financial Responsibility Instruments	+ Add FR Instrument	Upd	late Owner/Operator Financial
		Res	ponsibility - FR Instruments
		-	

You can find more information about the 21J Program at : http://www.mass.gov/dor/businesses/programs-andservices/underground-storage-tank-program/petroleum-product-cleanup-fund.html

Update FR Information - Not 21J Program

If you have USTs that are not part of the 21J program, you must complete the table for each FR tab under "Financial Responsibility Instruments."

If there is no table, or you have multiple FR Instruments, click, "+Add FR Instrument"

ויוטוב נוומוו בט,טטט צמווטווז (ויוווו נטיבומצב. גב,טטט,טטט)		•	¢			
Are you part of the 21J program? *				Form Na	vigation	
No Click h	nere to add Financial	٣		~	Entity Details	
Resp	onsibility Instruments $^{ imes}$	\ .	1	☆	FR Instruments	
Financial Responsibility Instruments	·	Add FR Instrument		☆	Comments	
▲ FR #1 ×				Actions		
Financial Responsibility Instrument *				🕑 sa	ave Draft 🕑 Share	
Choose One		v		Help		
Effective Period of Coverage From *	Effective Period of Coverage To *			Update O Responsi	wner/Operator Fina bility - FR Instrumer	ncial its
Name of Issuer/Holder *						
Mechanism Number (if applicable)						

New Facility Registration

New Facility Registration is used to register a never-beforeregistered UST Facility to the Owner or Operator Entity

To Transfer a facility from one owner to another see Note below

		Stead Street	
shboard Search -			Facility ID or Name 🔍 🌣 Erin
cility Registration			
UST LLC Submission ID: 1004695			
		^	Form Navigation
Owner Entity Information			
Entity Name and Address	FEIN		🖈 Owner and Operator
Fake UST LLC	987654321		Information
1 Boston St. Boston, MA 02108	Entity Type		☆ Facility Information
NECKARING AND DEVELOPMENT AND AND AND	Limited Liability Company		Tank Information
			A Hank mornation
			🖈 Dispenser Information
Owner Contact Information			☆ Comments
Contact Name and Address	Phone Number		
Erin Swallow	(123) 456-7890		Actions
1 Boston St. Boston, MA 02108	Email		Save Draft C Share
	purplepimpernel@gmail.com		O state of all of official
			Help
Operator Entity Information			Contents
Operator Entity Info *			
Fake UST LLC	¥		
Entity Address	If the operator is not found in the drop-down, you can add a new operator.	~	
		▶ Next	

Assign Tank Financial Responsibility

Assign Tank Financial Responsibility is used to link each UST to its Financial Responsibility (FR) instrument



Assign Tank Financial Responsibility

Click Select for each tank and assign Financial Responsibility

	Select Ta	inks								\times	e Q	🗘 Erin Sw
ssign Tank Financial Res												
Fake UST LLC	Select	Facility ID	\$	Facility Name	-	City	⇔ Tank	No.		\$		
		14404	ų	CUMPEDI AND #11950/	ų	ROSTON	 <u>د</u>			ų		
		14494		CUMBERLAND #118504		BOSTON	2				n	
Selec		14494		CUMBERLAND #118504		BOSTON	3				nancial Res	ponsibility
-											ints	
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					-		 		(M s	ave Draft	C Share	
									Help			
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									Hello			
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Assign Tank Financial Responsibility

Choose your Financial Responsibility Instrument for each UST from the "FR Instrument" dropdown menus.

Review, Certify and Submit your form

							-	Form Navigatio	n
	Select one or more ta	nk(s) you wou	Id like to upd	ate financia	l responsibilit	y for.		★ Tank Fi	nancial Responsibil ents
		Choose One				 Apply to all 	// 	Actions	(A .:
Facility ID	Facility Name	Tank No.	Install Date	Capacity	FR Instrument	Actions		Save Draft	C Share
14494	CUMBERLAND #118504	1	1/1/1984	8,000	21J	v 🏛	-	Help	
14494	CUMBERLAND #118504	2	1/1/1984	8,000	21J		,	Hello	

Be sure to add the Financial Responsibility Information to the UST Owner/Operator FIRST

Adding FR Instruments

Use the "Update FR Information" form to Add FR Instruments

If your FR Instrument is the 21J program, simply choose "Yes" in the 3rd dropdown menu and click "Next"

MassDEP	and the second	Home About Help Log Out UST Program
User Dashboard Search -		Facility ID or Name 🔍 🗘 Erin Swallow
Jpdate Owner/Operator Entity and FR Information		
Fake UST LLC Submission ID: 1004699		
Financial Responsibility Information		Form Navigation
Number of Tanks Owned (Aggregate Coverage) *		✓ Entity Details
100 or less (Min Coverage: \$1,000,000)		▼ FR Instruments
Monthly Throughput (Per-Occurrence Coverage) *		🖈 Comments
More than 10,000 gallons (Min Coverage: \$1,000,000)		v
Are you part of the 21J program? *		Actions
Yes		Save Draft C Share
Fine sial Demonsibility Instruments		Help
r marcial Responsibility instruments	+ Add FR Instrumer	nt Update Owner/Operator Financial Responsibility - FR Instruments
Click here for		
new 211		Click here for new
		non-21J FR
		Instruments
	≪ Previous	₩ Next
Built On: 01/11/2016 09:40 AM EST (7429e5b6c449)	Application Home Contact Policies	Environment: 1.0.9-SNAPSHOT/ga

Adding FR Instruments

Complete the "Assign Tank Financial Responsibility" form, assigning all tanks to an FR Instrument

	Select one or more	tank(s) you wou •	Id like to upd	ate financia	l responsibility	for.		× Ta ★ Co	unk Financial Respondents	oonsibility
		Choose One				× App	ly to all	Actions	Draft C Share	
Facility ID	Facility Name	Tank No.	Install Date	Capacity	FR Instrument		Actions	Help		
14494	CUMBERLAND #118504	2	1/1/1984 Choose	8,000	211	Y	Î	Hello		

Deleting an FR Instrument

First open an "Assign Tank Financial Responsibility" form

Remove the FR Instrument to be deleted, from all tanks that are assigned to it

MassDEP												
User Dashboard Search	Select Ta	anks								X		🛱 Erin Swa
Assign Tank Financial Res												
Fake UST LLC	Select	Facility ID	÷	Facility Name	-	City				÷		
			Q		Q			۹		٩		
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Selec		14494		CUMBERLAND #118504		BOSTON		2			nancial Deci	ooncibility
	⊔ K	14494		CUMBERLAND #118504		BOSTON		3				ponsibility
		\backslash									ents	
								0	Cancel	Select		
	Ch chan	eck the ae FR in	boxe: formo	s next to to ation for a	anks nd c	you w	vant t "Sele	o ect"	Help	🗹 Save Drat	t 🕑 Share	0
	Ch chan	eck the ge FR in	boxe: formo	s next to to ation for a	anks nd c	you w choose	vant t "Sele	o ect"	Help	Save Drat	t C Share	
	Ch chan	ieck the ge FR in	boxe: formo	s next to to ation for a	anks nd c	you w choose	vant t "Sele	o ect"	Help Hello	Save Drai	t C Share	
	Ch chan	eck the ge FR in	boxe: formo	s next to to ation for a	anks nd c	; you w choose	vant t "Sele	o ect"	Help	Save Drat	t Share	
	Ch chan	leck the ge FR in	boxe: formo	s next to to ation for a	anks nd c	; you w :hoose	vant t "Sele	o ect"	Help Hello	Save Drat	t C Share	6
	Ch chan	leck the ge FR in	boxe: formc	s next to to ation for a	anks nd c	s you w shoose	vant t "Sele	o ect"	Help Hello	Save Drat	t C Share	0
	Ch chan	leck the ge FR in	boxe	s next to to ation for a	anks nd c	s you w shoose	vant t "Sele	o ect"	Help	Save Drat	t 🕑 Share	
	Ch chan	leck the ge FR in	boxes	s next to to	anks nd c	; you w :hoose	vant t "Sele	o ect"	Help	Save Drat	C Share	
	Ch chan	leck the ge FR in	boxes	s next to to	anks nd c	; you w :hoose	vant t "Sele	o ect"	Help	Save Drat	t C Share	
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	Ch chan	leck the ge FR in	boxe	s next to to	anks nd c	s you w	vant t "Sele	o ect"	Help	Save Drat	t C Share	
	Ch chan	eck the ge FR in	boxe	s next to to	anks nd c	s you w	vant t "Sele	o ect"	Help	Save Drat	t C Share	

Deleting an FR Instrument

Next open an Update Owner/Oper ator Entity & FR Information form

Delete the FR Instrument

ake UST LLC Submission ID: 1004709							
			•				
Financial Responsibility Information				Form Na	vigation		
Number of Tanks Owned (Aggregate Coverage) *				~	Entity De	tails	
100 or less (Min Coverage: \$1,000,000)		v		*	FR Instru	ments	
Monthly Throughput (Per-Occurrence Coverage) *				*	Comment	ts	
More than 10,000 gallons (Min Coverage: \$1,000,000)		Ŧ					
Are you part of the 21J program? *				Actions			
Yes		v		🕑 Sa	ve Draft	C Share	
				Help			
Financial Responsibility Instruments		+ Add FR Instrument					
				Update Or Responsit	wner/Ope pility - FR I	rator Finai nstrumeni	ncial ts
	ck the "x" to remove	e FR instrume	ents	S			
Financial Decoonsibility Instrument *							
Thancial Responsibility instrument		v					
Commercial Insurance							
Commercial Insurance Effective Period of Coverage From *	Effective Period of Coverage To						
Commercial Insurance Effective Period of Coverage From * 01/01/2015	01/01/2016		U				

For Additional Assistance

Email
dep.ust
@state.
<u>ma.us</u>

Call us at 617-556 -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!