

Storage and Handling of Petroleum Products and Allied Products Regulation



Application for Operating Permit

A. Permit Category

Check one:

Operate a New Facility

Transfer existing Permit to New Owner

Name of Petroleum Contractor: _____

Existing Permit # _____

B. Storage Tank System Owner Information

LEGAL NAME: *(Corporation or Individual's name; if Corporation-must end in 'Inc' or 'Ltd')*

MAILING ADDRESS:

CITY/TOWN/VILLAGE:

PROVINCE

POSTAL CODE:

CONTACT PERSON:

TELEPHONE:

FAX:

C. Operation Information

OPERATION NAME: *(Common name - Name on sign or name in phone book)*

OPERATION OWNER: *(Corporation or Individual's name)*

MAILING ADDRESS:

CITY/TOWN/VILLAGE :

PROVINCE

POSTAL CODE

FACILITY LOCATION *(LEGAL LOCATION - Number and Street; Lot, Block Plan; Sec, Twp, Rge or Lat/Long Coordinates)*

CONTACT PERSON:

TELEPHONE:

FAX:

D. Certification

I certify that the information contained on this form is complete and accurate.

Signature of Facility Owner/Operator: _____

Date: _____

Return completed form to:

MANITOBA CONSERVATION
Environmental Services
Petroleum Storage Tank Program
Box 46-200 Saulteaux Crescent
Winnipeg MB R3J 3W3
T 204-945-2458 F 204-948-2420

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