



Application For Terminal Facility License

Please complete this form in the accordance with the instructions to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the application fee along with this form.

DEP USE ONLY
Rec'd by _____
Date _____
STT/J ____ STX ____
Application No. _____

Part I: Application Type

Enter a check in the appropriate box identifying application type.

This application is for (check one):

A new license

A renewal of an existing license

A modification of an existing license

If other than new, provide existing license number:

Part II: License Fee Information

Each registrant shall obtain from DPNR DEP a license for each of its terminal facilities in the territory and shall pay an amount; not to exceed five hundred (\$500) dollars, determined by DEP upon the basis of the total capacity of the terminal facility. In addition a two hundred and fifty (\$250) dollars permit processing fee. DEP will not process an application unless the required fee has been paid.

Part III: Applicant Information

1. Fill in the name of the applicant(s) as indicated on the Permit Application Transmittal Form

Applicant: _____

Phone: _____ ext.: _____ Fax: _____

Enter a check mark if there are co-applicants. If so, label and attach additional sheet(s) with the required information as supplied above.

2. List primary contact for departmental correspondence and inquires, if different.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext: _____ Fax: _____

Contact Person: _____ Title: _____

Part III: Application Information (cont.)

3. List attorney or representative, if applicable:

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Attorney Name: _____ Title: _____

4. List the owner(s) of the facility to be licensed.

Please enter a check mark, if additional sheets are attached.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Contact Person: _____ Title: _____

5. Identify the operator and alternate operator of the terminal.

Operator Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Alternate Operator Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

6. Identify the terminal manger, if different than the terminal operator.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Title (if different): _____

Part III: Applicant Information (cont.)

7. Identify the Qualified Individual and Alternate Qualified Individual of the terminal (if different than Operator and Alternate Operator list in letter E).

Qualified Individual Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Alternate Qualified Individual Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

8. List any other engineer(s) or consultant(s) employed or retained to assist in preparing the application or in designing and consulting the facility. Please enter a check mark if additional sheets are attached.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Contact Person: _____ Title: _____

Service Provided: _____

9. Identify cleanup any organization(s) to which the owner or operator of the facility belongs to.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ ext. _____ Fax: _____

Contact Person: _____ Title: _____

Service Provided: _____

Part IV. Site Information

A. Name of Facility, if applicable: _____

Street address or Description of Location: _____

City: _____ State: _____ Zip Code: _____

Latitude and longitude of the exact location of the point where product enters the terminal in degrees, minutes, and seconds.

Latitude: _____ Longitude: _____

Method of determination (check one):

GPS USGS Map Other (please specify): _____

If a USGS Map was used, provide the quadrangle name: _____

Part V. Supporting Documents

Please enter a check mark by the attachment as verification that all attachments have been submitted with this license application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated.

- Attachment A: Applicant Compliance Information Form
- Attachment B: Copy of any field survey conducted to identify the presence of any endangered, threatened or special concern species.
- Attachment C: Spill Prevention Control and Countermeasure (SPCC) Plan
- Attachment D: Detailed Site Plan
- Attachment E: Facility Inspection
- Attachment F: Facility Response Plan(s)
- Attachment G: Spill Containment and Removal Equipment Listing
- Attachment H: Terminal Operation Manual
- Attachment I: Terminal Facilities required filing bond

Part VI. Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless *all* required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on responsible investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this application is on complete and accurate forms as prescribe by the Commissioner without alteration of the text."

_____/ /
Signature of Applicant Date

Name of Applicant (print or type) Title (if applicable)

_____/ /
Signature of Preparer Date

Name of Preparer (print or type) Title (if applicable)

Note: Please submit the Application Form, Fee and all supporting Documents to:

**Department of Planning & Natural Recourses
Division Of Environmental Protection**

**Cyril E. King Airport
Terminal Building, Second Floor
St. Thomas, U.S. VI 00802
(340) 774-3320**

**45 Mars Hill
Fredriksted, St. Croix, U.S. VI 00840
(340) 773-1082**