



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Division of Environmental Quality

P.O. Box 501304 CK, Saipan, MP 96950-1304

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RENEWAL UST PERMIT TO OPERATE APPLICATION

FOR DEQ USE ONLY

PERMIT NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

RECEIVED BY : \_\_\_\_\_

DATE RECEIVED : \_\_\_\_\_

SECTION 1. APPLICANT INFORMATION

1. APPLICANT'S NAME/COMPANY NAME : \_\_\_\_\_

2. MAILING ADDRESS : \_\_\_\_\_

3. TELEPHONE NUMBER : \_\_\_\_\_

4. APPLICANT'S REPRESENTATIVE : \_\_\_\_\_

5. REPRESENTATIVE ADDRESS : \_\_\_\_\_

6. REP. TELEPHONE NUMBER : \_\_\_\_\_

7. CURRENT PERMIT TO OPERATE NO. : \_\_\_\_\_

SECTION 2. FACILITY/SITE LOCATION

1. FACILITY NAME : \_\_\_\_\_

2. SITE LOCATION : \_\_\_\_\_

3. MAILING ADDRESS : \_\_\_\_\_

4. TYPE OF BUSINESS OWNERSHIP : \_\_\_\_\_

5. TYPE OF BUSINESS : \_\_\_\_\_

**SECTION 3. TANK INFORMATION**

- 1. NUMBER OF TANK (S) : \_\_\_\_\_
- 2. TYPE (STEEL/FIBERGLASS) : \_\_\_\_\_
- 3. TYPE OF PRODUCT STORED : \_\_\_\_\_

**SECTION 4. TANK OWNER INFORMATION**

- 1. NAME : \_\_\_\_\_
- 2. MAILING ADDRESS : \_\_\_\_\_
- 3. TELEPHONE NUMBER : \_\_\_\_\_

**SECTION 5. SIGNATURE**

This application constitutes my Underground Storage Tank Application and a fee of \$150.00 per tank for review, as required by DEQ Underground Storage Tank Regulations. I, \_\_\_\_\_ agree to conduct the proposed UST Operation in accordance with the law and regulation that governs the CNMI and to comply with any conditions that may be specified, in the original permit issued by the Division of Environmental Quality (DEQ). I also understand that any knowing and willful false statement, representation, or answer on this application may be considered grounds for permit denial and/or a criminal penalty not to exceed \$50,000 or one year imprisonment or both.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

