

A Division of the Safety Codes Council

Storage Tank System - Change of Owner/Operator Form

te Number		
Site Number:		
ırrent Site Informat		
Site Name:		
Address:		City/Town:
Municipality:	Province:	Postal Code:
ırrent Owner Inforn	nation	
Owner Name:		Owner Number:
Company Name:		
Company Name:		
Company Name: Address: Municipality:		City/Town: te/Territory:
Company Name: Address: Municipality: Postal Code:	Province/Sta	



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New Site Information

Site Name:		
Address:		City/Town:
Municipality:	Province:	Postal Code:
lew Owner Information	1	
Owner Name:		Owner Number:
Company Name:		
Address:		City/Town:
Municipality:	Province/State/Territory:	
Postal Code:	Country:	
Email:		
Phone Number:	Cell Number:	
lew Additional Contact((s) Information (if different from Owner)	
Contact Name:		
Company Name:	Position:	
Email:		
Phone Number:	Cell Number:	
Contact Name:		
Company Name:	Position:	
Email:		
Phone Number:		



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New Operator Information (if different from existing Operator)

Operator Name:	Operator Number:		
Company Name:			
Address:		City/Town:	
Municipality:	Province:	Postal Code:	
Email:			
Phone Number:	Cell Number:		
Change of Ownership			
(Please check one)	_		
Site, tank or piping status change. Details attache	ed. $oxdam{oxdam}$		
No site or tank changes to report.			
Change of ownership effective date:			
Current Owner	New Owner		
☐ I agree and confirm the information provided above is true and complete to the best my knowledge.		I agree and confirm the information provided above is true and complete to the best my knowledge.	
Print Name (Current Owner)		Print Name (New Owner)	
Signature		Signature	
 Date		Date	