



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
Records Control (718)595-3855

APPLICATION FOR REGISTRATION GASOLINE DISPENSING SITES

PLEASE RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS.

I applied: Place: _____

Date: _____

All Gasoline dispensing facilities must complete this form to comply with the New York City Department of Environmental Protection Regulation Certification of Gasoline Dispensing Sites and Transport Vehicles and Part 230 of the New York State Department of Environmental Conservation Law. This Regulation is designed to limit the emission of gasoline vapors into our atmosphere. The inventory portion of this form will be used to evaluate how much gasoline vapor is emitted to the atmosphere from service stations.

Air pollution control devices are required on certain gasoline storage tanks. Most tanks should be equipped with submerged fill and a vapor balance and return system, and return lines must be connected during loading operations. These devices will reduce gasoline vapor emissions by 50 to 90 percent.

Assistance in completing this form may be obtained from the Bureau of Environmental Compliance, Air/Noise Permitting, Enforcement and Policy Unit (Telephone 718-595-3786).

YOU MUST FILL OUT THESE FORMS COMPLETELY.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

WHAT TO SUBMIT WITH THIS FORM:

1. Fee: \$190.00 check or Money Order made payable to New York City Department of Environmental Protection

WHERE TO SUBMIT THIS FORM:

Please complete and submit this form in person or by mail to NYC Department of Environmental Protection, Bureau of Environmental Compliance, 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373.

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| 1. to 5. Owner: | Should show the name and address of the Legal owner of the storage tanks. |
| 8. Representative: | Should show the company and person who is completing this form such as the distributor or field representative. |
| 9. to 15. Operator: | Should show the operating name and operator of the actual service station. This should be the person in charge at the location of the facility. |
| 17. Tank #: | Use the tank numbering system used at the facility (submit schematics—not plans—of the lot showing numbered gasoline / diesel tank). |
| 18. Date Installed: | Specify the date of completed construction and installation of tank. |
| 19. Diesel/Lead/Unleaded: | Specify the normal type of gasoline stored in tank; use trade name or grade. Diesel fuel is not a gasoline according to the regulation but should be included in this form. |
| 20. Capacity (Gallons): | Enter the total design or maximum capacity of tank. |
| 21. Annual Throughput: | Enter the total number of gallons pumped into tank between January 1st and December 31st of the previous year. |
| 22. Submerged Fill: | Indicate (Yes or No) whether this tank has a drop tube to discharge liquid within 6 inches of the bottom of tank. See RCNY Title 15 §4-01 or NYS Environmental Conservation Law §230.1. |
| 23. Vapor Balance System: | Indicate (Yes or No) whether the tank has a vapor collection system with a vapor-tight return line from tank to the gasoline transport vehicle or equivalent. See RCNY Title 15 §4-03(a)(1)(i) or NYS Environmental Conservation Law §230.2(a)(1)(i). |
| 24. Inter-Connections: | Indicate tank numbers which have a common vent (single tanks are assumed to have their own vent). |
| 25. Total Annual Throughput: | Enter the total number of gallons into this facility between January 1st and December 31st of the previous year. |
| 26. Number of Nozzles: | Enter the number of vehicle loading hoses. |
| 27. Tax ID: | Enter the New York State Sales Tax Number. |
| 28. Name, Signature & Date: | Should be completed by person identified in Blocks 1 - 8. |

FOR INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www.nyc.gov/dep or call 311



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Rev 10/11

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BUSINESS INFORMATION	Full Business Name / <i>If individual then Owner's Name</i>		NAICS Code	Business Representative / Agent's Name		Telephone
	Business' Address / Owner's Address		Telephone	Business Representative / Agent's Address		
	City / Borough	State	Zip Code	City / Borough	State	Zip Code
	Select type of ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			Title: <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Partner <input type="checkbox"/> Secretary <input type="checkbox"/> Other: _____		

FACILITY INFORMATION <small>(Location where gasoline dispensing site is located)</small>	Gasoline Dispensing Site/Premise Owner's Name			Telephone		Date
	Gasoline Dispensing Site/Premise Owner's Address			Borough / City		State
	FACILITY BUILDING NUMBER	FACILITY STREET NAME	BOROUGH	ZIP	BLOCK	LOT
	FACILITY'S OPERATOR NAME			FACILITY'S OPERATOR TELEPHONE		

17. TANK #	18. DATE INSTALLED (MO/YR)	19. DIESEL / GASOLINE UNLEADED	20. TANK CAPACITY (GALLONS)	21. ANNUAL THROUGHPUT (GALLONS)	22. SUBM (FILL) (Yes/No)	23. VAPOR BALANCE SYSTEM (Yes/No)	24. INTER CONNECTIONS

25. TOTAL ANNUAL THROUGHPUT: _____ GASOLINE UNLEADED: _____ DIESEL: _____

26. NUMBER OF NOZZLES: _____ 27. NYS SALES TAX ID: _____

Is this application a replacement for equipment presently registered? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Please provide the installation number of the equipment it is replacing: GA/GB # _____
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"I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief and that the equipment will be operated in accordance with the requirements of the Air Pollution Control Code, Chapter 1 of Title 24, New York City Administrative Code, and appropriate requirements of other agencies. I recognize that false statements are punishable as a misdemeanor pursuant to Section 24-190 of the Air Pollution Control Code and Section 210.45 of the Penal Law."

FOR DEPARTMENT USE ONLY			
Application #: GB		Date Issued:	Expiration Date:
ENGINEER'S USE ONLY		CASHIER'S USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Fee Paid:	
<input type="checkbox"/> Conditional	Review Date:	Date:	Cashier's Initials:
ID & Initials:			
Remarks:			