



Double-walled Tank Warranty Extension Registration Form

Tanks that have reached their warranty deadline may be eligible for a warranty extension if the following requirements are met. Check each box below to confirm meeting the requirement. Submit this form and the supporting documents to the Department. The Petroleum Equipment Institute publication *Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities <u>RP 1200-17</u> may be followed for testing procedures of all components. The RP 1200-17 Appendices have sample test checklists and data sheets for all the required tests.*

Checking the boxes below certifies that the components have passed a precision test within 6 months prior to the expiration of the warranty and that the tank facility meets applicable requirements.

Tank interstitial space	All piping sumps	All spill buckets
Piping secondary	All dispenser sumps	Double poppet crash valves

Facility has Emergency Electrical Disconnects in accordance with NFPA 30A and NFPA 70.

The tank facility meets the requirements of the Department's <u>*Rules for Underground Oil Storage</u></u> <u><i>Facilities*</u>, amended September 26, 2018 (06-096 CMR 691) for leak detection, overfill protection and spill prevention.</u>

A passing annual inspection has been submitted to the Department in the 12 months immediately preceding the expiration date of the warranty.

FACILITY INFORMATION						
Facility Name:		Registration #:				
Facility Address:						
	Address		Town	State	Zip Code	
Tank information must	match registration		Attach additional f	orm(s) if you have m	ore than 4 tanks/chambers	
Tank/Chamber:		Volume (gals):	Produ	ict Stored:		
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		CERTIFIC	CATION			
By signing this fo	rm, we the under	signed certify that all i	information is accur	ate and comple	te to the best of	
our knowledge.	The tank facilities	listed on this form ha	ve been tested and	upgraded to ex	tend their life.	
				ID #:		
Installer / Inspector Na	те					
				Date:		
Installer / Inspector Sig	nature:					
Owner Name						
				Date:		
Owner/Authorized Emr	nlovee Signature					