INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION
GENERAL FORM

**Type of Permit (mark one):**

- [ ] New
- [ ] Renewal*
- [ ] Modification*

*List Current Individual Oil Operations Permit Number:
____________________________________________

<table>
<thead>
<tr>
<th><strong>Make sure your permit application includes all of the following.</strong></th>
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</thead>
<tbody>
<tr>
<td>1. Good Standing with the Maryland Office of the Comptroller. Fill out the enclosed “Good Standing Certificate Request” form and send it to the Comptroller’s General Accounting Division.</td>
</tr>
<tr>
<td>2. Good Standing with the Maryland Department of Assessments and Taxation (SDAT). Local, state, and federal government institutions are exempt.</td>
</tr>
<tr>
<td>3. Proof of proper land use/zoning, either through a zoning letter from the county or the SDAT Real Property page.</td>
</tr>
<tr>
<td>4. Proof of compliance with the Workers’ Compensation Act is included with Form F.</td>
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<tr>
<td>5. Submit proof of insurance coverage by providing a copy of either Form MCS-90, Endorsement for Motor Carrier Liability or MCS-82, Motor Carrier Surety Bond for Public Liability. Proof of insurance coverage is required for on-road vehicles that transport petroleum products in Maryland. See Form A, page 4, or Form B, page 3 if applicable.</td>
</tr>
<tr>
<td>6. All required forms have been completed, signed, dated, and included in this application.</td>
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<th><strong>TYPE OF PERMIT REQUESTED</strong></th>
<th><strong>YOU MUST ALSO COMPLETE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oil Operations – Storage, Delivery, Transfer in Maryland</td>
<td>Forms – A, E, F, &amp; G</td>
</tr>
<tr>
<td>Oil Operations – Delivery into or out of Maryland</td>
<td>Forms – B, E, &amp; F</td>
</tr>
<tr>
<td>Oil Contaminated Soil Treatment</td>
<td>Forms – C, E, F, &amp; G</td>
</tr>
<tr>
<td>Oil Solidification</td>
<td>Forms – D, E, F, &amp; G</td>
</tr>
</tbody>
</table>

Form No. MDE/ LMA/ PER.011
Date: July 2020
TTY Users 800-735-2258
Individual Oil Operations Permit Application Instructions

1. Prior to issuance of the permit, undisputed State taxes and unemployment insurance contributions must be in compliance. Both new and renewal applicants must provide with the permit application a Good Standing Certificate, available through the enclosed “Good Standing Certificate Request” form or from the Comptroller’s website at no fee:

   http://comptroller.marylandtaxes.com/Vendor_Services/Accounting_Information/General_Information/Good_Standing_Certificate.shtml

   Send the request form to the General Accounting Division as directed; do not mail this form to the Department of the Environment. Contact the Comptroller’s General Accounting Division at 410-260-7813 if you have any questions.

2. In order to issue this permit, a State of Maryland Business License through the Maryland Department of Assessments and Taxation (SDAT) is required. Provide a copy of the SDAT business information screen demonstrating that your company is in Good Standing. Follow the link below and enter your company name in the drop-down menu to verify its status:

   https://egov.maryland.gov/BusinessExpress/EntitySearch

   If your company is not found in the database, contact SDAT at (410) 767-1184, or outside the Baltimore Metro Area at (888) 246-5941, to obtain the proper business license.

3. In order to issue this permit, new and renewal applicants must verify compliance with Maryland county zoning and land use requirements. Review Form G (enclosed) for guidance. Your facility’s property zoning designation may be viewed at the following SDAT link:

   http://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx

   Alternatively, use the FinderOnline map to find your facility’s SDAT Real Property page (make sure to view “Parcel Boundaries” on the Layer List):

   https://apps.planning.maryland.gov/finderonline/

4. In order to issue this permit, the applicant must provide proof of compliance with the Workers’ Compensation Act. Proof may be a copy of a “Certificate of Self-Insurance”, a “Certificate of Compliance” from the Department of Labor, or the “Certificate of Liability Insurance” demonstrating compliance with the Workers’ Compensation Act. Review Form F (enclosed) for guidance.

5. The MCS-90 and MCS-82 forms show proof of coverage in case of an oil spill and are available through your insurance company.
INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION
GENERAL FORM (continued)

I. OWNERSHIP INFORMATION

Is this an Owner Name Change?  Yes _____  No _____

Maryland Business License Name: ________________________________________________

Maryland Business License in Good Standing?  Yes _____  No _____

Street Address: ________________________________________________________________

City  State  Zip Code  County

Mailing Address (if different from above): _________________________________________

City  State  Zip Code  County

Contact Person and Job Title: ____________________________________________________

Telephone Number: ____________________________  Fax: ____________________________

Email: ________________________________________________________________________

II. LOCATION OF FACILITY

Is this an Owner Name Change?  Yes _____  No _____

Facility Name or Company Site Identifier: _________________________________________

Street Address: ________________________________________________________________

City  State  Zip Code  County

Mailing Address (if different from above): _________________________________________

__________________________________________________________
III. TYPE OF FACILITY  (mark one)

- Aircraft Owner
- Airline
- Apartment/Condo
- Auto Dealership
- Commercial
- Contractor
- Educational
- Farm/Nursery
- Federal Military
- Federal Non-Military
- Fire/Rescue/Ambulance
- Gas Station
- Industrial
- Local Government
- Marina
- Office
- Petroleum Distributor
- Railroad
- Residential
- State Government
- Store
- Trucking/Transport
- Utilities
- Not Listed

Other: ____________________________________________________________

IV. CONTACT PERSON IN CHARGE OF FACILITY

Contact Person and Job Title: ______________________________________

Employer: _______________________________________________________

Mailing Address: _________________________________________________

City __________________ State ______ Zip Code ______ County _______

Telephone Number: __________________ Fax: _______________________

Email: __________________________________________________________

Notice: Collection of Personal Records – State Government Article § 10-624

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“The Department”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via the Department’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.