

INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION – GENERAL FORM

Type of Permit Application (mark one): <input type="checkbox"/> New <input type="checkbox"/> Renewal* <input type="checkbox"/> Modification*
*List Current Individual Oil Operations Permit Number: _____

MDE Use Only
AI Number: _____
Date Received: _____
Current Exp. Date: _____

APPLICATION CHECKLIST

	Ensure your permit application includes all of the following items. (see instructions on page 2 for additional details)
	1. Good Standing Certificate issued by the Comptroller of Maryland.
	2. Demonstration that the business entity is registered with and in good standing with the Maryland Department of Assessments and Taxation (SDAT). <ul style="list-style-type: none">Local, state, and federal government institutions are exempt.
	3. Proof of compliance with the Workers' Compensation Act is included with FORM F.
	4. Satisfactory evidence that the facility is in compliance with county zoning and land use requirements is included with FORM G.
	5. Proof of insurance coverage by providing a copy of either <i>Form MCS-90 – Endorsement for Motor Carrier Liability</i> or <i>MCS-82 – Motor Carrier Surety Bond for Public Liability</i> . <ul style="list-style-type: none">Proof of insurance coverage is required for on-road vehicles that transport petroleum products in Maryland.
	6. All required forms have been completed, signed, dated, and included in this application.

New, Renewal, and Modification Applicants: Complete all sections (sections I through IV) of the GENERAL FORM (i.e., this form) including the Certification and Signature (page 5), the relevant permit category specific form (see table below), and all sections of FORMs E, F, and G.

Category of Permit Being Applied For	Complete the Following FORMS
Storage, Delivery, and/or Transfer of Oil in Maryland – Permit Category OPT or OPV	A, E, F, & G
Out-of-State Companies, Oil Delivery Only – Permit Category OPV	B, E, F, & G
Oil Contaminated Soil (OCS) Facility – Permit Category OPS	C, E, F, & G
Solidification/Stabilization of Oil Waste Materials – Permit Category OPX	D, E, F, & G

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Application Instructions

1. A commercial or business entity must demonstrate undisputed State taxes and unemployment insurance contributions are in compliance. Both new and renewal applicants must provide a Good Standing Certificate issued by the Comptroller of Maryland with the permit application. The certificate must be requested by completing the current request form available from the Comptroller of Maryland's General Accounting Division's (GAD) website (click on "Quick Links" for a popup menu):
<https://marylandtaxes.gov/divisions/gad.php>.

Send the completed request form to the GAD as instructed on the form. Do not mail this form to MDE. Contact the Comptroller's GAD at (410) 260-7813 (toll free at (888) 784-0144) if you have any questions.

2. A commercial or business entity must provide certification and proof that the owner has registered the commercial or business entity with the Maryland Department of Assessments and Taxation (SDAT) and that the registered entity is in good standing at the time of application. This requirement may be fulfilled by providing a screen print from the SDAT Business Entity search General Information page.
 - Go to the Maryland Business Express website: <https://egov.maryland.gov/businessexpress>
 - Select the "Search" option and search for the entity name.
 - Select the entity name from the search return.
 - From the entity's "General Information" tab, press the "ctrl" and "P" keys at the same time and follow your available printing options.

If the business entity is not found in the database or you have questions, contact SDAT at (410) 767-1330 (toll free at (888) 246-5941).

3. 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 for guidance.
4. Applicants must verify compliance with Maryland county zoning and land use requirements. Acceptable evidence of compliance may include a letter from the appropriate county zoning department or a printout of the SDAT Real Property page demonstrating appropriate land use (e.g., commercial, industrial) for the facility. Review FORM G for further guidance. The facility's property zoning designation may be viewed at the following SDAT link: <http://sdatt.dat.maryland.gov/RealProperty/Pages/default.aspx>.

Alternatively, use the Maryland Department of Planning's FINDER Online 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/>.

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.

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I. OWNERSHIP INFORMATION

Is this an Owner/Operator Name Change? Yes _____ No _____

Registered Business Name: _____

Business Registration in Good Standing? Yes _____ No _____

Street Address: _____

City State Zip Code County

Contact Person and Job Title: _____

Telephone Number: _____ Fax: _____

Email: _____

Mailing Address (if different from above): _____

City State Zip Code County

II. LOCATION OF FACILITY

Check box if same as Facility Owner from Section I. ☐

Is this an Operator Name Change? Yes _____ No _____

Facility Name or Company Site Identifier: _____

Street Address: _____

City State Zip Code County

Mailing Address (if different from above): _____

Facility Water Supply (mark one): _____ Potable Well _____ Public Water System _____ None

Does facility have a NPDES permit from MDE? Yes _____ No _____

If yes, list current permit number: _____

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III. TYPE OF FACILITY

	Check One.				
	Airline / Airport		Federal – Non-Military		Office Space
	Apartment / Condo		Fire / Rescue / Ambulance		Petroleum Distributor
	Auto Dealership / Repair		Gas Station		Railroad
	Commercial		Healthcare		Residential
	Contractor		Religious Establishment		Retail
	Education		Industrial		State Government
	Farm / Nursery		Local Government		Trucking / Transport
	Federal – Military		Marina		Utilities
	Other (specify):				

IV. PERSON IN CHARGE OF FACILITY

Check box if same as Facility Owner from Section I. ☐

Contact Person and Job Title: _____

Employer: _____

Telephone Number: _____ Fax: _____

Email: _____

Mailing Address: _____

City State Zip Code County

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Certification and Signature

Application is hereby made to the State of Maryland, Department of the Environment, Land and Materials Administration for an Individual Oil Operations Permit for the operations and activities described on the forms being submitted. I certify that I am familiar with the information contained in this application, and that this information is true, complete, and accurate. I further certify that, in accordance with Environment Article § 4-405(b), Annotated Code of Maryland, I have requested and received confirmation from the county that the oil operations business at the location identified on the *Individual Oil Operations Permit Application General Form* meets all zoning and land use requirements for that county. I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this application form, and that the information provided is true, accurate, and complete. I understand that the inclusion of any false or misleading information, or the exclusion of required information in this application, may cause the Administration to issue an Administrative Complaint seeking civil penalties in accordance with Environment Article § 4-412 and § 4-417¹, Annotated Code of Maryland, and may include the suspension or revocation of any permit or license issued. I further understand that failure to notify the Administration of oil spills, leaks, or discharges regardless of size, is a violation of Sections 4-401 through 4-420 of the Environment Article, Annotated Code of Maryland, which may also subject me to an Administrative Complaint and civil penalties.

Company Name: _____ Date: _____

Signature of Authorized Applicant/Agent: _____

Printed name of Authorized Applicant/Agent: _____

Title of Authorized Applicant/Agent: _____

1. Penalties for False Statements: Any person who makes any false statement, representation, or certification herein is subject to criminal penalties of a fine and imprisonment and to civil monetary penalties, pursuant to §4-417 of the Environment Article of the Annotated Code of Maryland.

Notice: Collection of Personal Records – General Provisions Article § 4-501

This Notice is provided pursuant to § 4-501 of the General Provisions 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 (MDE) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via the MDE'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.