Individal Oil Operations Permit Application

General Form

Type of Permit (mark one):

☐ New
☐ Renewal*
☐ Modification*

*List Current Individual Oil Operations Permit Number:

____________________________________________

Oil Operations Permit Application Checklist

✔ Make sure your permit application includes all of the following.

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.

2. Good Standing with the Maryland Department of Assessments and Taxation (SDAT). Local, state, and federal government institutions are exempt.

3. Proof of proper land use/zoning, either through a zoning letter from the county or the SDAT Real Property page.

4. Proof of compliance with the Workers’ Compensation Act is included with Form F.

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.

6. All required forms have been completed, signed, dated, and included in this application.

Type of Permit Requested

<table>
<thead>
<tr>
<th>TYPE OF PERMIT REQUESTED</th>
<th>YOU MUST ALSO COMPLETE</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>

State Use Only

AI Number: ____________________
Date Received: ________________
Current Exp. Date: __________
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:


   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.
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   _____ Federal Military   _____ Petroleum Distributor
_____ Airline   _____ Federal Non-Military   _____ Railroad
_____ Apartment/Condo   _____ Fire/Rescue/Ambulance   _____ Residential
_____ Auto Dealership   _____ Gas Station   _____ State Government
_____ Commercial   _____ Industrial   _____ Store
_____ Contractor   _____ Local Government   _____ Trucking/Transport
_____ Educational   _____ Marina   _____ Utilities
_____ Farm/Nursery   _____ Office   _____ 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.