

DATE: _____



Oklahoma Corporation Commission
Petroleum Storage Tank Division
P.O. Box 171, Oklahoma City, Oklahoma 73101

AST CERTIFICATE OF DISPOSITION

FACILITY INFORMATION

REGISTERED TANK OWNER INFORMATION

Facility ID#: _____
Name: _____
Address: _____
City: _____
Zip: _____

Name: _____
Address: _____
City: _____
Zip: _____
Contact No. () _____

TANK INFORMATION

	Tank #:	Tank #:	Tank #:	Tank #:
Tank Contents:				
Tank Capacity (gals.):				
Material of Construction:				
Observed Tank Integrity:				
Date of AST Removal:				

TANK DISPOSITION INFORMATION

Check this box if the AST has been relocated to another site.

Check this box if the AST has been destroyed.

Check this box if the AST has been sold to another party.

NOTE: All UST's being used as AST's MUST be destroyed upon removal.

New tank address: _____
New tank owner: _____
City: _____ Zip: _____

Destroyed tank owner: _____
Address: _____
City: _____ Zip: _____

NOTE: Re-use of aboveground storage tanks (ASTs) shall only be permitted for flammable or combustible liquids service provided that the owner can verify that the tank(s) comply with all applicable rules, regulations, and industry standards.

By my signature above and my acknowledgement of reading this statement, under penalty of prosecution and perjury I hereby declare and affirm that the tank(s) received were destroyed and rendered unfit for further use as a containment vessel.

(Printed name of registered tank owner)

(Printed name of new AST recipient/person destroying tank)

(Signature of registered tank owner)

(Signature of new AST recipient/person destroying tank)