



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency (CUPA)
777 B Street, Hayward CA 94541-5007
TEL: (510) 583-4910 • FAX: (510) 583-4961

PERMIT TRANSFER FORM

- UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION
 PERMIT TO OPERATE UNDERGROUND STORAGE TANK

ORIGINALLY ISSUED TO:

Name of Facility:	Phone No:	Executive Contact:	E-Mail Address:
Street Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Business Id No.:	Permit Date of Issuance:	Permit Date of Expiration:	Permit Date of Transfer:

TRANSFERRED TO:

Name of Facility:	Phone No:	Executive Contact:	E-Mail Address:
Street Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
<input type="checkbox"/> CHANGE IN OWNERSHIP OF FACILITY/UST SYSTEM		<input type="checkbox"/> CHANGE IN LOCATION OF BUSINESS, SAME OWNERS	

CERTIFICATION:

I certify that I have read, and I hereby accept the terms and conditions printed on, the original *Unified Program Consolidated Permit and Registration* and the original *Permit to Operate Underground Storage Tank* attached to this Permit Transfer Form. I agree to comply with all permit conditions and all federal, state and local statutes, laws, ordinances, codes, regulations, policies and rules relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste and the operation of underground petroleum storage tank systems.

Signature of New Owner/Operator

Printed Name and Title

Date Signed

FOR OFFICE USE ONLY

Comments:	_____ Approved by the City of Hayward Fire Department
Reviewed by:	