|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owner ID# : |       | Owner Business Name: |       | Owner Contact Name: |       |
| Street Address and City: |       | Completed By: |       | Date: |       |

**Table 1. List Certified Operator(s) that will be designated to a Facility(s) (1st Row is Example Information)**

|  |  |  |
| --- | --- | --- |
| **ID#** | **DESIGNATED OPERATOR**  | **OPERATOR TRAINING** |
| **Operator Name** | **Operator Company** | **Operator Address** | **Operator Phone** | **Operator Fax** | **Operator E-Mail** | **Training Company** | **Certificate #** | **Date Trained** |
| **1** | **Joe Smith** | **Example Oil Co.** | **45678 E. Example Street, Denver** | **303-303-3030** | **303-303-3031** | **jsmith@example.com** | **XYZ Training Co. (OPS approved)** | **A123456** | **11/1/09** |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |

**Table 2. Designate Operator to Facility(s) (1st Row is Example Information)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OPS Facility ID #** | **Facility Name** | **Facility Address** | **Designated Operator Type****(A, B, or A/B)** | **ID# from Table 1.** |
| **12345** | **Example Oil Co.** | **45678 E. Example Street, Denver** | **A/B** | **1** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| The Owner or Operator signing below certifies, under civil and criminal penalties for making a false submission to the State of Colorado, that the information listed above is accurate. |
| **Tank Owner/ Operator Printed Name:** |  | **Tank Owner/ Operator Signature:** |  | **Date:** |  |