

Notification for Underground Storage Tanks Multiple Facility Amendment by Currently Registered Owner Virginia DEQ Water Form 7530-3B (4/16)		STATE USE ONLY	
DEQ – UST Program Office of Spill Response and Remediation P.O. Box 1105 Richmond, VA 23218 (804) 698-4010		ID Number	
		Date Received	
		Date Entered	
		Entered By	
		Comments	
<p>This form may be used to request amendments that apply to multiple facilities (that is, more than two facilities).</p> <p>For example:</p> <p>If the owner has converted to the same release detection method for all tanks at several facilities, the owner may use one Form 7530-3B to request that the change be reflected for all active tanks located at the facilities identified on the following page(s).</p> <p>If the owner of multiple facilities has had a name change, the owner may submit one Form 7530-3B and the State Corporation Commission documentation of the business entity name change to request that the owner's name change be reflected for all active and closed tanks registered to the owner.</p> <p style="text-align: center;">NOTE: This form may not be used to reflect ownership transfers. Form 7530-3 must be used for all ownership transfers.</p> <p>DEQ must approve multiple facility amendment requests in order for amendments to become effective in DEQ's registration system.</p>			
PART I: CURRENT OWNERSHIP OF TANKS		PART II: OWNER CONTACT INFORMATION	
A. Current Owner Name		A. Owner Contact Name and Title	
B. Current Owner Address		B. Owner Contact Street Address, City, State, Zip	
C. City, State, Zip		C. Contact Phone Number ()	D. Contact Fax Number ()
D. Owner E-mail Address		E. Contact E-mail Address	
PART III: CURRENT OWNER AMENDMENT REQUEST			
In the space provided below, indicate the amendment the current registered owner is requesting: <ul style="list-style-type: none"> <input type="checkbox"/> Business entity name change (enter new name in space below and attach State Corporation Commission documentation of name change) <input type="checkbox"/> Change of owner address (enter new address in space below) <input type="checkbox"/> Change of owner contact information (enter new information in space below) <input type="checkbox"/> Change of facility contact or operator information for listed facilities (enter new information in space below) <input type="checkbox"/> Change in release detection method for all active tanks at listed facilities (enter new method in space below) <input type="checkbox"/> Other (enter requested amendment in space below) 			
PART IV: CURRENT OWNER CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner.			
Name and Title		Signature	
		Date	

PART V: FACILITY INFORMATION
(Enter number of continuation pages attached: _____)

(Enter number of continuation pages attached: _____)

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