

**INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION  
GENERAL FORM**

Type of Permit (Mark one):

New     Renewal \*     Modification

\* If renewal, provide present Oil Operations Permit Number:

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**State Use Only**

AI Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

1. In order to issue this permit, a State of Maryland Business License through the Maryland Department of Assessments and Taxation (SDAT) is required. New and renewal applicants must provide with the permit application either a Certificate of Status or a copy of the SDAT business information screen demonstrating your company is in good standing. Follow the link below and enter your company name in the drop-down to verify its status:

<http://sdat.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>

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.

2. 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 company's property zoning designation may be viewed at the following SDAT link:
- <http://sdat.resiusa.org/RealProperty/Pages/default.aspx>
3. In order to issue a new permit, the applicant must provide proof of compliance with the Workers' Compensation Act. Proof may be a certificate of compliance from the Department of Labor, Licensing, and Regulations or a copy of the certificate of insurance demonstrating compliance with the Workers' Compensation Act. Review FORM F (enclosed).
4. In order to renew a permit, FORM F (enclosed) must also be completed and returned with this application. Prior to issuance of the permit, undisputed State taxes and unemployment insurance contributions must be in compliance. Prior to your application submittal, please contact the Comptroller's Office at 410-260-6240 and provide your Federal Employer Identification Number, Maryland Taxpayer Number, or Social Security Number to verify compliance.

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GENERAL FORM (continued)**

**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): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**II. LOCATION OF FACILITY:**

Is this a facility name change? Yes \_\_\_\_\_ No \_\_\_\_\_

Facility Name or Company Site Identifier: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code County

Mailing Address (if different from above): \_\_\_\_\_

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GENERAL FORM (continued)**

**III. TYPE OF FACILITY (Mark one):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aircraft Owner  | <input type="checkbox"/> Federal Military      | <input type="checkbox"/> Petroleum Distributor |
| <input type="checkbox"/> Airline         | <input type="checkbox"/> Federal Non-Military  | <input type="checkbox"/> Railroad              |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Fire/Rescue/Ambulance | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Gas Station           | <input type="checkbox"/> State Government      |
| <input type="checkbox"/> Commercial      | <input type="checkbox"/> Industrial            | <input type="checkbox"/> Store                 |
| <input type="checkbox"/> Contractor      | <input type="checkbox"/> Local Government      | <input type="checkbox"/> Trucking/Transport    |
| <input type="checkbox"/> Educational     | <input type="checkbox"/> Marina                | <input type="checkbox"/> Utilities             |
| <input type="checkbox"/> Farm/Nursery    | <input type="checkbox"/> Office                | <input type="checkbox"/> Not Listed            |

Other: \_\_\_\_\_

**IV. CONTACT PERSON IN CHARGE OF FACILITY:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Primary Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 (“MDE”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE’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.

**TYPE OF PERMIT REQUESTED**

**YOU MUST ALSO COMPLETE**

- |  |                 |
|--|-----------------|
| Oil Operations (storage, delivery, transfer in Maryland) ..... | Form A, E, F, G |
| Oil Operations (delivery into or out of Maryland) .....        | Form B, E, F    |
| Oil Contaminated Soil Treatment .....                          | Form C, E, F, G |
| Oil Solidification .....                                       | Form D, E, F, G |