

CLASS 2 FACILITY ADDITIONAL OWNER AND OPERATOR FORM ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

410 Willoughby Avenue, Suite 303, P.O. Box 111800, Juneau, AK 99811-1800 Phone: 907-465-5237, E-mail: dec.spar.class2@alaska.gov



The purpose of this form is to supplement the **Class 2 Facility Registration and Notification Form** in circumstances where facilities have more than one Landowner, Facility Owner or Facility Operator. This form must be submitted in addition to, not in lieu of, the registration and notification form. It is only necessary to complete applicable portions of this form; some sections may be left blank. Submit the form by mail or email. Submit as many copies as necessary to provide requested information for all affiliates associated with the facility. Refer to 18 AAC 75.835 - 18 AAC 75.849 or contact the department if you have questions.

Landowner			
Organization:	Contact Name:		
Mailing Address:		City:	State:
Landowner Type (che	eck one): O Industrial/	Commercial O Individual O	Phone: Corporation O State O Military
Landowner	<u>·</u> ·		
Organization:	Contact Name:		
Mailing Address:		City:	State:
Landowner Type (che	eck one): O Industrial/	Commercial O Individual O	Phone: Corporation O State O Military O Other
Facility Owner Informat	tion		
Organization:		Contact Name:	
Mailing address:		City:	State:
Facility Owner Type O Federal (Non-Military	(check one): O Industr) O Municipal O Trib		Phone: O Corporation O State O Military O Other
Facility Owner Informat		Courte et Norman	
			Chata
		City: State: E-mail: Phone:	
Facility Owner Type	(check one): O Industri	ial/Commercial O Individual	 Corporation O State O Military O Other
		· · ·	
		Contact Name:	
Facility Operator Inform Organization:	nation	Contact Name:	State:
Facility Operator Inform Organization:	nation	Contact Name: City:	State: Phone:
Facility Operator Inform Organization: Mailing address: Zip Code:	nation E-mail:	Contact Name:	
Facility Operator Inform Organization: Mailing address: Zip Code: Facility Operator Inform	nation E-mail: nation	Contact Name: City:	Phone:
Facility Operator Inform Organization: Mailing address: Zip Code: Facility Operator Inform Organization:	nation E-mail: nation	Contact Name: City: Contact Name:	