



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

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Landowner Type (check one):**  Industrial/Commercial  Individual  Corporation  State  Military  
 Federal (Non-Military)  Municipal  Tribal Government  Nonprofit  Other \_\_\_\_\_

**Landowner**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Landowner Type (check one):**  Industrial/Commercial  Individual  Corporation  State  Military  
 Federal (Non-Military)  Municipal  Tribal Government  Nonprofit  Other \_\_\_\_\_

**Facility Owner Information**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Owner Type (check one):**  Industrial/Commercial  Individual  Corporation  State  Military  
 Federal (Non-Military)  Municipal  Tribal Government  Nonprofit  Other \_\_\_\_\_

**Facility Owner Information**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Owner Type (check one):**  Industrial/Commercial  Individual  Corporation  State  Military  
 Federal (Non-Military)  Municipal  Tribal Government  Nonprofit  Other \_\_\_\_\_

**Facility Operator Information**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility Operator Information**

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_