



## CLASS 2 FACILITY REGISTRATION AND NOTIFICATION 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](mailto:dec.spar.class2@alaska.gov)



The following information must be provided for each Class 2 facility. Complete and submit this form no later than 30 days after the following events: a facility was placed in service; an aboveground storage tank (AST) at a previously-registered facility is placed in service or permanently closed; the facility no longer meets the definition of a Class 2 facility; or a change in owner or operator. Submit the form by mail or email. If additional room is needed, use the additional forms available at the Class 2 facility webpage: <https://dec.alaska.gov/spar/ppr/prevention-preparedness/class-2-facilities/>. Refer to 18 AAC 75.835 - 18 AAC 75.849 or contact the department if you have questions.

### A. Purpose of form (check all that apply):

- ☐ Facility registration ☐ No longer a Class 2 facility ☐ Change of owner(s) or operator(s)  
☐ AST(s) placed in service ☐ AST(s) permanently closed

### B. Facility Information

Facility Name: \_\_\_\_\_ Year Placed in Service: \_\_\_\_\_

Primary Facility Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Latitude and longitude (and physical address where applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fuel received by (check one): ☐ Water ☐ Air ☐ Land Name of primary fuel supplier: \_\_\_\_\_

Is this a consolidated facility (i.e. owned and/or operated by additional organizations)? ☐ No ☐ Yes<sup>1</sup>

### C. Landowner Information<sup>2</sup>

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 \_\_\_\_\_

### D. Facility Owner Information<sup>2</sup> (if same as above write "Same")

How many owners does this facility have? \_\_\_\_\_

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 \_\_\_\_\_

### E. Onsite Facility Operator<sup>3</sup> Information<sup>2</sup> (if same as above write "Same")

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

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

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

<sup>1</sup> Please provide names of additional co-owners and/or co-operators at time of registration.

<sup>2</sup> If necessary, use the **Additional Owner and Operator Form** located at the website provided at the top of this form.

<sup>3</sup> Site-specific, local contact responsible for fuel transfers, repair and maintenance.

**G. Aboveground Storage Tanks** (equal to or greater than 1,000 gallons each): include heating oil tanks supporting facility operations. If additional space is needed, use the **Additional Aboveground Storage Tank Table** available at <https://dec.alaska.gov/spar/ppr/prevention-preparedness/class-2-facilities/>

Tank # or Name <sup>4</sup>	Tank Owner	Tank Use <sup>5</sup>	Tank Location <sup>6</sup>	Year Placed in Service (+) or Permanently Closed (-)	Storage Capacity (gallons)	Tank Contents <sup>7</sup>
(sample): Day Tank 1	Class 2 Facility Company Name	Commercial/Retail/Office	321 Local Road	+ 2012	2,500	Diesel

**To be signed by facility owner or operator:**

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

<sup>4</sup> **Tank #/Name:** Please assign a unique identifier to each tank in service. Tank IDs should correspond to a physical label located on the tank or be commonly understood by all facility personnel.

<sup>5</sup> **Tank Use:** Primary purpose or entity supported by tank from following choices: commercial/retail/office, municipal owned building, seafood production/processing, industrial, military, utilities, school, retail fuel sales, bulk fuel sales, medical/care/assistance, transportation, hotel/lodge, other (specify).

<sup>6</sup> **Tank Location:** If tank does not share the same location provided in Section B, provide its physical address or latitude and longitude.

<sup>7</sup> **Tank Contents:** Indicate contents of each tank from following choices: asphalt, asphalt emulsion, aviation fuel, gasoline, diesel, ULSD, engine lube oil, hydraulic oil, naphtha, synthetic oil, transformer oil, transmission oil, used oil, mineral oil, other (specify).