



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form: 62-761.900(9)
Form Title: Storage Tank Equipment Registration Form
Effective Date: January 2017
Incorporated in Rule 62-761.850, F.A.C.

Storage Tank Equipment Registration Form

Fill out completely

General Information

Company Name: _____ Contact Name: _____
Company Address: _____ City: _____ Zip: _____
E-mail: _____ Contact Number: _____
Product Name: _____
Model Number(s): _____ Product Type: _____
Rule(s) citation within Chapter 62-761, or 62-762, F.A.C. that registration is being requested: _____

Write a brief description of equipment registration request including product limitations:

Information Checklist

- | | Yes | No | N/A |
|---|-----|----|-----|
| 1. Third-party Certification by a Nationally Recognized Testing Laboratory? | | | |
| 2. Documentation of third-party evaluation that the equipment meets DEP Rules? | | | |
| 3. Documents included about the qualifications of the Nationally Recognized Testing Laboratory? | | | |
| 4. Installation instructions included? | | | |
| 5. Technical information and drawings included? | | | |
| 6. Annual Operability Testing Requirements (Rules 62-761.700, 62-762.701, & 62-762.702 F.A.C.)? | | | |
| 7. Compatible with fuel blends containing >10% ethanol or >20% biodiesel? | | | |
| 8. Has the product been approved or registered in other countries or states? (If so provide list) | | | |
| 9. Any requirements for company-certified installers or trainers? | | | |
| 10. Was this product(s) previously approved or registered by the Department?
If yes, please specify the Equipment Number: EQ- _____ | | | |
| 11. Any changes or modifications to the equipment since the last submittal to DEP? | | | |

Document Information: Provide supporting documents indicated as "Yes" above including this form via email to Tanknotify@dep.state.fl.us, or documents can be sent to FDEP, Division of Waste Management, 2600 Blair Stone Road, MS 4560, Tallahassee, FL 32399.

Write a brief description of equipment installation and performance in the U.S.:

Equipment Registration Certification:

To the best of my knowledge and belief, all information submitted on this form is true, accurate and complete.

Printed Name and Title

Signature

Date

For Department Use Only:

Date Application Received:

Application complete:

Yes:

No:

EQ-

Date of complete or incomplete letter sent:

Date of entry to the DEP Equipment Registration List: