



GASOLINE SOURCE REGISTRATION

NOTE: Enter information from your previous calendar year activities and mail it back or email it to registration@yrcaa.org

1. FACILITY INFORMATION HAS THE FACILITY BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. FACILITY NAME	b. OWNER NAME	c. UNIFIED BUSINESS IDENTIFIER (UBI)	
d. PHYSICAL ADDRESS		e. MAILING ADDRESS	
f. CONTACT NAME & TITLE	g. PHONE	h. EMAIL	
i. PREFERRED CONTACT METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL			
2. GENERAL INFORMATION			
a. TOTAL GASOLINE THROUGHPUT _____ GALLONS NOTE: RECORD OF LAST YEAR TOTAL GASOLINE THROUGHPUT FROM THE SUPPLIER IS REQUIRED AND MUST BE ATTACHED TO THIS FORM <i>FAILURE TO REPORT ACCURATE GASOLINE THROUGHPUT IS SUBJECT TO ENFORCEMENT ACTION</i>			
b. WERE ANY EQUIPMENT CHANGES MADE IN THE LAST YEAR? <input type="checkbox"/> YES, DESCRIBE ON A SEPARATE SHEET AND COMPLETE SECTIONS 3 and 4 <input type="checkbox"/> NO, COMPLETE SECTIONS 4			
3. EQUIPMENT AND PROCESS INFORMATION			
a. GASOLINE STORAGE TANKS			
TANK NUMBER	GRADE OF FUEL	STORAGE CAPACITY	TYPE OF STAGE ONE VAPOR CONTROLS
b. GASOLINE PUMPS			
IS A STAGE TWO VAPOR CONTROL SYSTEM INSTALLED AND OPERATED AT EACH PUMP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. CERTIFICATION <i>I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.</i>			
SIGNATURE _____		TITLE _____	
NAME (PRINT) _____		DATE _____	