

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Oil Control Program

1800 Washington Boulevard • Suite 620 • Baltimore Maryland 21230-1719

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**INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION
GENERAL FORM**

<p>Type of Permit (mark one):</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal* <input type="checkbox"/> Modification*</p> <p>*List Current Individual Oil Operations Permit Number: _____</p>
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<p>State Use Only</p> <p>AI Number: _____</p> <p>Date Received: _____</p> <p>Current Exp. Date: _____</p>

OIL OPERATIONS PERMIT APPLICATION CHECKLIST

✓	Make sure your permit application includes all of the following.
	1. Good Standing with the Maryland Office of the Comptroller. Fill out the enclosed “Good Standing Certificate Request” form and send it to the Comptroller’s General Accounting Division.
	2. Good Standing with the Maryland Department of Assessments and Taxation (SDAT). Local, state, and federal government institutions are exempt.
	3. Proof of proper land use/zoning, either through a zoning letter from the county or the SDAT Real Property page.
	4. Proof of compliance with the Workers’ Compensation Act is included with Form F.
	5. Submit proof of insurance coverage by providing a copy of either Form MCS-90, Endorsement for Motor Carrier Liability or MCS-82, Motor Carrier Surety Bond for Public Liability. Proof of insurance coverage is required for on-road vehicles that transport petroleum products in Maryland. See Form A, page 4, or Form B, page 3 if applicable.
	6. All required forms have been completed, signed, dated, and included in this application.

TYPE OF PERMIT REQUESTED	YOU MUST ALSO COMPLETE
Oil Operations – Storage, Delivery, Transfer in Maryland	Forms – A, E, F, & G
Oil Operations – Delivery into or out of Maryland	Forms – B, E, & F
Oil Contaminated Soil Treatment	Forms – C, E, F, & G
Oil Solidification	Forms – D, E, F, & G

INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION
GENERAL FORM (continued)

Individual Oil Operations Permit Application Instructions

1. Prior to issuance of the permit, undisputed State taxes and unemployment insurance contributions must be in compliance. Both new and renewal applicants must provide with the permit application a Good Standing Certificate, available through the enclosed “Good Standing Certificate Request” form or from the Comptroller’s website at no fee:

<https://www.marylandtaxes.gov/forms/state-accounting/static-files/GSCRequest.pdf>

Send the request form to the General Accounting Division as directed; do not mail this form to the Department of the Environment. Contact the Comptroller’s General Accounting Division at 410-260-7813 if you have any questions.

2. In order to issue this permit, a State of Maryland Business License through the Maryland Department of Assessments and Taxation (SDAT) is required. Provide a copy of the SDAT business information screen demonstrating that your company is in Good Standing. Follow the link below and enter your company name in the drop-down menu to verify its status:

<https://egov.maryland.gov/BusinessExpress/EntitySearch>

If your company is not found in the database, contact SDAT at (410) 767-1184, or outside the Baltimore Metro Area at (888) 246-5941, to obtain the proper business license.

3. In order to issue this permit, new and renewal applicants must verify compliance with Maryland county zoning and land use requirements. Review Form G (enclosed) for guidance. Your facility’s property zoning designation may be viewed at the following SDAT link:

<http://sdattat.maryland.gov/RealProperty/Pages/default.aspx>

Alternatively, use the FinderOnline map to find your facility’s SDAT Real Property page (make sure to view “Parcel Boundaries” on the Layer List):

<https://apps.planning.maryland.gov/finderonline/>

4. In order to issue this permit, the applicant must provide proof of compliance with the Workers’ Compensation Act. Proof may be a copy of a “Certificate of Self-Insurance”, a “Certificate of Compliance” from the Department of Labor, or the “Certificate of Liability Insurance” demonstrating compliance with the Workers’ Compensation Act. Review Form F (enclosed) for guidance.
5. The MCS-90 and MCS-82 forms show proof of coverage in case of an oil spill and are available through your insurance company.

**INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION
GENERAL FORM (continued)**

I. OWNERSHIP INFORMATION

Is this an Owner Name Change? Yes _____ No _____

Maryland Business License Name: _____

Maryland Business License in Good Standing? Yes _____ No _____

Street Address: _____

City State Zip Code County

Mailing Address (if different from above): _____

City State Zip Code County

Contact Person and Job Title: _____

Telephone Number: _____ Fax: _____

Email: _____

II. LOCATION OF FACILITY

Is this an Owner Name Change? Yes _____ No _____

Facility Name or Company Site Identifier: _____

Street Address: _____

City State Zip Code County

Mailing Address (if different from above): _____

**INDIVIDUAL OIL OPERATIONS PERMIT APPLICATION
GENERAL FORM (continued)**

III. TYPE OF FACILITY (mark one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aircraft Owner | <input type="checkbox"/> Federal Military | <input type="checkbox"/> Petroleum Distributor |
| <input type="checkbox"/> Airline | <input type="checkbox"/> Federal Non-Military | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Fire/Rescue/Ambulance | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Gas Station | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Store |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Local Government | <input type="checkbox"/> Trucking/Transport |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Marina | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Farm/Nursery | <input type="checkbox"/> Office | <input type="checkbox"/> Not Listed |

Other: _____

IV. CONTACT PERSON IN CHARGE OF FACILITY

Contact Person and Job Title: _____

Employer: _____

Mailing Address: _____

City State Zip Code County

Telephone Number: _____ Fax: _____

Email: _____

Notice: Collection of Personal Records – State Government Article § 10-624

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“The Department”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via the Department’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.