



PUGET SOUND CLEAN AIR AGENCY
1904 3rd Ave, Ste 105 Seattle WA 98101-3317
Telephone: (206) 689-4060 Fax (206) 343-7522
www.pscleanair.gov

ORGANIC LIQUID STORAGE AND TRANSFER NOTIFICATION

Agency Use Only Date:	Agency Use Only Registration No.:	Agency Use Only Notification No.:
Facility Name:		
Mailing Address:		Installation Address:
City, State, Zip:		City, State, Zip:

Contact Person:		
Mailing Address if different than above (City, State, Zip):		
Telephone No.:	Fax No.:	E-Mail Address:

Estimated Installation Date:

Equipment Information

Tank Size in gallons:	Liquid Stored or Transferred:	Maximum True Vapor Pressure of Liquid :
What type of process or facility is the tank part of?		

Certification

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete.			
_____ Signature		_____ Date	
_____ Type or Print Name and Title		_____ Phone	

Your application must be accompanied by a \$500 filing fee. To pay by check, mail with this form to the address at the top of this page.

To pay by credit card, check here ☐ and an accounting technician will contact you.

Contact Name _____ **Phone Number** _____