



Product Type Change Notification Form

Department of Environmental Quality
 Underground Storage Tank Section
 PO Box 200901, Helena MT 59620-0901
 Email: deqstprogram@mt.gov Phone: 406-444-5300 Fax: 406-444-1374

This form must be completed and submitted 30 days prior to the change.

Today's Date _____

Facility Name _____ Facility ID _____

Location _____

Tank Tag	Tank Capacity	Current Content	New Content*
	/gal		
	/gal		
	/gal		
	/gal		
	/gal		
	/gal		
*If >E10 or >B20 are to be stored, owner must complete the Compatibility Check List			

If the tank has been used to store a hazardous substance, please provide the CERCLA name and/or CAS number: _____

Name - Printed	Position/Title
Signature	Date

The Compatibility Checklist must be kept at your facility for verification by a compliance inspector. The form is located at <https://deq.mt.gov/twr/resources>.