

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard, Second Floor – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**UST Facility Owner Address Correction**

**1. UST Facility Information**

<b>Agency Interest Number (AI)</b>	
<b>UST Facility Name</b>	

**2. Address Correction**

<b>UST System Owner Name</b> <i>(Full legal name of individual, corporation or LLC, government, other)</i>			
<b>Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -

**3. Certification**

<b>I hereby certify under penalty of law that I am the</b> <i>(select one)</i>	<input type="checkbox"/> UST System Owner		
	<input type="checkbox"/> Legally Authorized Representative <i>If an individual signing this is other than described below, attach a notarized copy of power of attorney, or resolution of board of directors, which grants the individual the legal authority to represent the company.</i>		

A "legally authorized representative" is:

- 1) For a corporation or limited liability company – a president, vice-president of the corporation in charge of a principal business function, or member, or any other person who performs similar policy or decision-making functions for the corporation.
- 2) For a partnership, sole proprietorship or individual – a general partner, proprietor, or individual named as the UST system owner.
- 3) For a federal, state, or local governmental agency or unit, or non-profit organization – a principal executive officer, which includes a chief executive officer of an agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit, or a ranking elected official.
- 4) A person designated by a court to act on behalf of the UST system owner.

I, the undersigned, have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I understand that this notification form is sufficient evidence to establish ownership of the underground storage tank system for purposes of KRS 224.60-105 through KRS 224.60-160 and 401 KAR Chapter 42.

<b>UST System Owner or Legally Authorized Representative</b> <i>(Full legal name)</i>	<i>Print</i>			
	<i>Signature</i>		<b>Date</b>	/ /

<b>Contact Information</b>	Phone: ( ) -	Email:
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If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [EEC.KORA@ky.gov](mailto:EEC.KORA@ky.gov).

GENERAL INSTRUCTIONS  
**UST Facility Owner Address Correction**

Instructions provided are for the DWM 4224, UST Facility Owner Address Correction form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

Submit DWM 4224 form via mail, fax, or electronically:

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard, Second Floor  
Frankfort, KY 40601  
Phone: (502) 564-5981  
Fax: (502) 564-0094  
<http://waste.ky.gov/UST>

Section	1.	<b>UST Facility Information:</b> <ul style="list-style-type: none"><li>• <b>Agency Interest Number (AI)</b> – Enter the agency interest number for the UST facility affected by the owner's address change.</li><li>• <b>UST Facility Name</b> – Enter name under which the business and/or UST facility is currently operating.</li></ul>
Section	2.	<b>Address Correction:</b> <ul style="list-style-type: none"><li>• <b>UST System Owner Name</b> – Enter the full legal name of the individual, corporation, or Limited Liability Corporation (LLC), government agency, or other entity that owns the UST facility.</li><li>• <b>Mailing Address</b> – Enter the owner's street address, city, state, and zip code.</li></ul>
Section	3.	<b>Certification:</b> <ul style="list-style-type: none"><li>• <b>Certify</b> that you are either the UST system owner or a legally authorized representative by checking the appropriate box.</li><li>• <b>UST System Owner or Legally Authorized Representative</b> – The UST system owner or the legally authorized representative should print full legal name, sign, and date form.</li><li>• <b>Contact Information</b> – Enter the UST system owner or the legally authorized representative phone number and email address.</li></ul> <p><i>NOTE: If the individual signing the form on behalf of a corporation is other than the president or vice-president of the corporation in charge of a principal business function, attach a notarized copy of power of attorney, or resolution of board of directors, which grants individual the legal authority to represent the company.</i></p>