



UST INFORMATION SUPPORT UNIT
 Please submit the completed form to
 USTTaxesFees@azdeq.gov

Activity Tax Exemption Certificate Application

1 Is This Your First Time Applying	Yes	No	If No, Enter Previous Certificate #
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2 Applicant Information

Tank Owner Name	TAX ID #
Mailing Address	
City	State
ZIP Code	
Contact Name	Contact Phone #
Contact Email Address	

3 Facility Information

Facility Name & Unique Identifier (if applicable)		
Address (No PO Box)		
City	County	ZIP Code
Contact Name	Contact Phone #	Email Address

4	Tank Information	Include attachments of photo and as-built schematics of all ASTs or Vaulted tanks with your application.				
A	Tank Number					
B	Size/Capacity					
C	Installation Date					
D	Exemption Type					
E	Product Type					

5 Certification Statement	
I certify under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents and that the submitted information is true, accurate and complete	
Signature of Applicant	Date of Signature

If you have any questions you may contact Carlos Toro at (602) 771-4145 or toll-free at (800) 234-5677 ext 7714145, or via email at toro.carlos@azdeq.gov.