



Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention – Stage II Vapor Recovery Program

Stage II Form G

Stage II Compliance Testing Company Notification

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Stage II Compliance Testing Company Documentation

1. Stage II Compliance Testing Company Facility Address (please print):

Name of Stage II Compliance Testing Company		Telephone number
Facility address		
City/town	State	Zip code

2. Business Mailing Address (if different than address 1. above. please print):

Business mailing address		Telephone number
City/town		
		Zip code

3. Stage II Compliance Testing Company Responsible Official (please print):

Name of Stage II Compliance Testing Company Responsible Official		Telephone number
Mailing address		
City/town	State	Zip code

Source of Authority for Responsible Official (check one)

If a Corporation, an official with authority to bind the Corporation:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Other person who performs a similar policy-making or decision-making function of the Corporation | |

If a Partnership:

- General Partner

If a Sole Proprietorship:

- Proprietor

If a municipality/public agency:

- Principal executive official or ranking elected official with authority to enter into contracts on behalf of municipality/public agency.

- a. If additional Stage II Compliance Testing Company Responsible Officials will be signing compliance certifications on behalf of the Compliance Testing Company, please provide their name, business address and telephone number (if different from above), and the source of their authority as Attachment A to this form.

B. Stage II Compliance Testing Company Business & Related Activities

1. Does the owner, operator, lessee or controller of the applicable Stage II Compliance Testing Company also own, lease, operate or control:

- a. One or more gasoline dispensing facilities or tank trucks in Massachusetts? Yes No

If yes, as Attachment B to this form, please identify the name and address of each facility.



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B. Compliance Testing Company Business & Related Activities (Cont.)

- b. One or more companies that install or substantially modify Stage II systems? Yes No

If yes, as Attachment C to this form, please identify the name and business address of the company(s).

2. Does the owner, operator, lessee or controller of the Stage II Compliance Testing Company perform required Stage II compliance tests on Stage II systems owned, operated, leased or controlled by him or her or installed or substantially modified by a company owned, operated, leased or controlled by him or her?

- Yes No

C. Stage II Compliance Testing Company Employee Training, Record Keeping and Bi-Weekly Submittal of Scheduled Tests

1. As Attachment D to this form, identify the Stage II Compliance Testing Company employee training systems in place to ensure compliance tests are performed in accordance with applicable protocols and procedures.

2. Are you in compliance with the requirements that no Stage II Compliance Testing Company employee shall perform Stage II compliance tests unless he or she has been trained in accordance with applicable compliance testing protocols and procedures?

- Yes No

3. Are you in compliance with the requirements to maintain a current record of all persons or employees trained to perform Stage II compliance tests in accordance with applicable protocols and procedures?

- Yes No

4. Are you in compliance with the requirements to maintain compliance testing records?

- Yes No

5. Are you in compliance with the requirements to submit to the Department, once every two weeks, a written list of gasoline dispensing facilities or tank trucks to be Stage II compliance tested over the next 14 day period?

D. Stage II Compliance Testing Company Certification

I certify that **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; **(b)** employee training systems are in place at the Stage II Compliance Testing Company to ensure required compliance tests are performed in accordance with the referenced protocols and procedures and such training systems will be maintained for the coming year, even if the protocols and procedures are changed over the course of the year; and **(c)** I am fully authorized to make this attestation on behalf of the Stage II Compliance Testing Company.

Printed name of Compliance Testing Co. Responsible
Official

Signature of Compliance Testing Co.
Responsible Official

Date