

**STATE OF ILLINOIS
REGISTRATION
STAGE II VAPOR RECOVERY SYSTEM**

For Administrative Use Leave Blank

NOTE: Any new station in Cook, DuPage, Kane, Lake, McHenry and Will Counties, Oswego Township in Kendall County and Goose Lake and Aux Sable Townships in Grundy County with projected average sales of 10,000 gallons of gasoline per month or an existing station that exceeds 10,000 gallons of gasoline average per month must install and operate a State II System. Complete and retain a copy of this form for your records. A copy of all forms and documents must be kept at each station.

1. LOCAL STATION REGISTRATION:

Station Name _____ Phone () _____
 Fuel Brand Name Sold _____
 Street Address _____
 City, State _____ Zip _____
 On-site Station Manager _____
 Email _____

2. REGIONAL CORPORATE/INDEPENDENT OWNER INFORMATION:

Corporate/Owner Name _____ Phone () _____
 Corporate Contact Name _____ Phone () _____
 Street Address _____
 City, State _____ Zip _____
 Email _____

3. TYPE OF REGISTRATION:

New Station Stage II Equipment Changes Owner/Contact/Address Change
 Stage II Certificate Replacement

4. VAPOR RECOVERY SYSTEM:

Manufacturer's Name and Model Number _____
 Date Stage II System became operational* _____

*For new gas stations or for newly installed Stage II Systems the month/year the system became operational.

NOZZLES (excluding diesel fuel and kerosene):

Manufacturer's Name	Model #	The Number of This Type of Nozzle

5. VOLUME OF GASOLINE DISPENSED:

For Existing Stations, Current Average Monthly Volume _____
 For New Stations, Projected Average Monthly Volume _____

6. Signature of Individual Completing This Form _____

Print Name _____ **Date** _____

Mail the original copy to: **Illinois Environmental Protection Agency**
Stage II Vapor Recovery Program, MC #6
P.O. Box 19276
Springfield, IL 62794-9276

Questions? Call (217) 557-1441.

The Illinois EPA is authorized to require, and you must disclose, the information on this required form pursuant to the Illinois Pollution Control Board Rules and Regulations, 35 Ill. Adm. Code 218.586. Failure to disclose the information may result in penalties as provided for in the Act, 415 ILCS 5/42-45. This form has been approved by the Forms Management Center.

REGISTRATION INSTRUCTIONS

1. LOCAL STATION REGISTRATION: Fill in the business name (e.g., Rob's Gas On-The-Go), the business telephone number, the fuel brand name sold (e.g., BP, Marathon, Mobil, Shell), the complete mailing address (**do not enter an intersection as an address**), the name of the on-site station manager, and if applicable, a station email address.

2. REGIONAL CORPORATE/INDEPENDENT OWNER INFORMATION: Fill in the regional corporate name of the gas-dispensing facility, the regional corporate telephone number, the name of the designated corporate contact, their phone number, the complete regional corporate address, and a corporate email contact address.

3. TYPE OF REGISTRATION: *Original Registration:* The first time the facility is registering for the program. *Equipment Modification:* Any change to the system described in Section 4 VAPOR RECOVERY SYSTEM. *Information Change:* Examples of information changes include ownership change, new facility name, and/or new location of operating records. *Stage II Certificate Replacement:* Re-registration due to lost/ missing registration certificate.

4. VAPOR RECOVERY SYSTEM: Fill in the manufacturer's name and model number that describes the Stage II system operating at the facility. Identification tags listing the brand name and model number are usually located at the bottom or top of the dispensers (gas pumps). Enter the date the Stage II system became operational (e.g. month/year). For each nozzle type used at the facility, enter its manufacturer's name and model number and the total number of each type of nozzle. Manufacturer's name and model number are typically found on the nozzle handle.

5. VOLUME OF GASOLINE DISPENSED: For existing stations provide the current average monthly volume (in gallons) of gasoline dispensed at the facility for the last 12 calendar months. For new stations provide the projected average monthly volume (in gallons) of gasoline to be dispensed at the facility for the next 12 calendar months.

Average Monthly Volume _____ 75,000 gals _____ Date 1/06 to 12/06

6. CERTIFICATION: This section certifies the accuracy of information provided in the registration. The individual completing this form must sign the Stage II registration, then print their name and fill in the date the form was completed. This form should then be mailed on the address shown on the reverse side.

If you have any questions, please call the Illinois EPA at (217) 557-1441.

STAGE II VAPOR RECOVERY PERMITS

No permit is required from the Office of the State Fire Marshal (OSFM) to install Stage II vapor recovery systems. However, the contractors doing work on Stage II vapor recovery systems must be registered with OSFM.