



## Part II: Intent to Decommission Notification Information

If a GDF owner or operator is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).

If a GDF owner or operator is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

### 1. GDF owner or operator:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.:

\*E-mail:

*\*By providing this e-mail address you are agreeing to receive official correspondence from the Department, at this electronic address, concerning the subject report. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the Department if your e-mail address changes.*

### 2. List entity providing the decommissioning service, if different than the above mentioned.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Title:

\*Email:

Consumer Protection Repairer of Weighing and Measuring Devices License # :

## Part III: Certification

The company representative with overall responsibility for the GDF, as well as the preparer of this Intent to Decommission Notification, shall sign this certification. An Intent to Decommission Notification form will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge and belief. I certify that this Intent to Decommission form is on complete and accurate forms as prescribed by the commissioner without alteration of the text. I understand that a false statement in the submitted information may be punishable as a criminal offense, under section 22a-175 of the General Statutes, under section 53a-157b of the General Statutes, and in accordance with any applicable statute."

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Company Representative (print or type)

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Preparer (print or type)

\_\_\_\_\_  
Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Please submit the completed Intent to Decommission Notification form to: [air.vapor.program@ct.gov](mailto:air.vapor.program@ct.gov) with the following in the subject line: "Intent to Decommission for" followed by address, town, fuel brand, and retail gasoline dealer's license number.

Or mail to:

ENGINEERING & ENFORCEMENT DIVISION  
BUREAU OF AIR MANAGEMENT  
CT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

*(Please choose either to mail or e-mail the form.)*