**Department of Energy & Environmental Protection**

**Bureau of Water Protection and Land Reuse  
Remediation Division**

79 Elm St., Hartford, CT 06106-5127

[www.ct.gov/deep/remediation](http://www.ct.gov/deep/remediation)

**Transfer of Establishment**

**Form III *(REAL ESTATE)***

***All sections of this form must be completed.*** Do not leave any portions blank.

(DEEP use only)

RLI #:

REM #:

AN ENVIRONMENTAL CONDITION ASSESSMENT FORM (ECAF)

MUST BE SUBMITTED SIMULTANEOUSLY WITH THIS FORM III.

**Section A: General Establishment Information**

|  |
| --- |
| 1. **EPA (RCRA) ID No**.: **CT**  2. **Type of Transfer** (be specific):  3. **Identification of Establishment** (give name of business which exists/existed on-site)  Establishment Name:  Location:  City/Town:  State: **CT** Zip Code: -  Phone: -- ext.  e-mail\*:  Contact Person:  Title:  ***DATE OF TRANSFER***: //**20**  ***From Transferor*:**  ***To Transferee*:**  4. **Transferor**  Name:  Legal Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  Contact Person:  Title:  e-mail\*:  5. **Property Owner** (as it appears in land records directly prior to this transfer)  Name:  Legal Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  Contact Person:  Title:  e-mail\*:  6. ***A map of the property location must be submitted with this form.*** |

**Section B: Certification** (This is the certifying party as defined in CGS Section 22a-134(6))

|  |  |  |
| --- | --- | --- |
| Description in Property Deed:  Recorded on page  of volume  , of the Town of  land records, as lot  , block  on map  in the Tax Assessor's Office.  “As the certifying party, I certify that a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance has occurred at the establishment or the environmental conditions at the establishment are unknown.”  “I agree to investigate the parcel in accordance with prevailing standards and guidelinesand to remediate pollution caused by any release of a hazardous waste or hazardous substance from the establishment in accordance with the remediation standards."  "I have personally examined and am familiar with the information submitted in this document, and all attachments thereto, including inquiry of those individuals immediately responsible for obtaining such information, and certify that the submitted information is true, accurate and complete, to the best of my knowledge and belief. I am aware that if I knowingly submit false information or fail to comply with the provisions of CGS Sections 22a-134 to 22a-134e, I may be subject to damages and penalties pursuant to CGS Sections 22a-134(b and d) and an enforcement action pursuant to CGS Section 22a-134a(j).”    “I further certify that I submitted this Form III to the transferee prior to the transfer of establishment."  "This Form III is complete and accurate as prescribed by the Commissioner without alteration of the text.”  **This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.** | | |
|  |  | |
| *Authorized Signature(s) for Certifying Party* |
| Name of Signatory for Certifying Party (print or type) | | Title (if applicable) |
| Representing:  *(Company name, LLC, as applicable)*  Legal Mailing Address:  City/Town:  State:  Zip Code: -  Phone: --ext.  e-mail\*:  STATE OF  }  } SS.  COUNTY OF  } *(Town)*  The foregoing was subscribed to and sworn to before me this  day of  , 20 ,  by  .  *(Name of Signatory, Title and Company, if applicable)*  who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as certifying party, executed the foregoing instrument for the purposes therein contained. | | |
|  | Name of Notary/Commissioner of Superior Court  (print or type) | |
| *Signature* *of Notary/Commissioner of Superior Court*  My commission expires //**.** |

**Section C: Reason for Filing Form III**

|  |
| --- |
| Indicate the reason why a Form III is being submitted: |

**Section D: Transferee Information** (This pertains to transferee, must be completed, signed and notarized)

|  |  |  |  |
| --- | --- | --- | --- |
| This document was received by me on // as the Transferee.  This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable, *and must be completed regardless of whether the Transferee is also the certifying party.* | | | |
|  | |  | |
| *Authorized Signature(s) for Transferee* | |
| Name of Person Signing (print or type) | | | Title (if applicable) |
| Transferee:  Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  STATE OF  }  } SS.  COUNTY OF  } *(Town)*  The foregoing was subscribed to and sworn to before me this  day of  , 20 ,  by  .  *(Name of Authorized Signatory for Transferee, Title and Company, if applicable)*  who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferee, executed the foregoing instrument for the purposes therein contained. | | | |
|  | Name of Notary/Commissioner of Superior Court  (print or type) | | |
| *Signature* *of Notary/Commissioner of Superior Court*  My commission expires //**.** |

**Section E: Transferor Information** (This pertains to transferor, must be completed, signed and notarized)

|  |  |  |  |
| --- | --- | --- | --- |
| ***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of an LLC, as applicable, and must be completed regardless of whether the Transferor is also the certifying party.*** | | | |
|  | |  | |
| *Authorized Signature(s) for Transferor* | |
| Name of Person Signing (print or type) | | | Title (if applicable) |
| Transferor:  *(Company name, LLC, as applicable)*  Mailing Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  **Forwarding Address After the Transfer, if different from above:**  Address:  City/Town:  State:  Zip Code: -  Phone: -- ext.  e-mail\*:  STATE OF  }  } SS.  COUNTY OF  } *(Town)*  The foregoing was subscribed to and sworn to before me this  day of  , 20 ,  by  .  *(Name of Authorized Signatory for Transferor, Title and Company, if applicable)*  who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferor, executed the foregoing instrument for the purposes therein contained. | | | |
|  | Name of Notary/Commissioner of Superior Court  (print or type) | | |
| *Signature* *of Notary/Commissioner of Superior Court*  My commission expires //**.** |

\* By providing this email address, you are agreeing to receive official correspondence from DEEP regarding the subject form at that email address.

Within 10 days of the transfer [Property Transfer Fee Payment Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/property_transfer_program/PTPfeeformdoc.doc)  and fee must be mailed or delivered to:

CENTRAL PERMIT PROCESSING UNIT, 1st FLOOR

DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION

79 ELM STREET

HARTFORD, CT 06106-5127

No later than 10 calendar days after the transfer, upload to the [SFT website](https://sft.ct.gov/) the property transfer form and attachments in the following order:

The [Electronic Document Transmittal Form](https://portal.ct.gov/-/media/DEEP/site_clean_up/sites/ElectronicDocumentTransmittalFormdocx.docx)

The Form III with a copy of PTP Fee Form and a copy of the Assessor’s map

The ECAF