



Arkansas Department of Public Safety Division of Emergency Management



Local Official Authorization for Aboveground Storage Tank Installation

Date: _____

(Month/Day/Year)

Name of Tank Owner: _____

Location: _____

Physical Address

City

County

Zip

Number of tanks _____
applying for:

Size/capacity of each _____
tank:

Total number of tanks _____
at this location:

Date: _____

Local Fire Official Name: _____

Local Fire Official Signature: _____