

FORM TDF 15-T
APPLICATION TO TRANSFER TRUCK YARD PIT

OAC 165:30-3-92

OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION

Jim Thorpe Office Building

P.O. Box 52000

2101 N. Lincoln Boulevard

Oklahoma City, OK 73152-2000

(405) 521-2965

FAX (405) 521-2916

www.occeweb.com

INSTRUCTIONS

1. File application. *PLEASE PRINT OR TYPE.*
2. Please fill out all areas on the application. Application must be notarized.
3. A Motor Carrier Enforcement Officer will contact you for inspection of the pit; before this application is approved, and a certificate is returned to you.
4. Use the back of this form for notification of pit abandonment.

USDOT Number _____

1. Applicant		Trade Name	
Mailing Address			
City	State	Zip	Contact Person
Physical Address			
City	State	Zip	Phone ()
E-Mail Address		FAX ()	

Location of Existing Pit:

2. Physical:	3. Legal: /4 /4 /4 SEC _____ TWP _____ RGE _____ County _____
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4. Pit Type	<input type="checkbox"/> Transfer			
5. Pit Size	Depth-Ft.	Length-Ft.	Width-Ft.	Capacity-Bbbs.

6. Previous registered pit owner:	Permit No.:
7. Maximum Fluid Level Above Ground Level: _____ Ft.	
8. Drainage Distance to Closest Fresh Water (Pond, Stream, Lake, etc.): _____ Ft.	
9. Subsoil Type: _____; Depth of Subsurface Fresh Water _____ Ft.	
10. Type of Sealing Material (cement, steel, plastic lining, etc.): _____	
11. Is Applicant landowner or lessor? Explain:	
12. If Applicant is not landowner, provide landowner's name, complete mailing and physical addresses, business and residential phone number with area code. Name _____ Mailing Address: _____ Street Address _____ Bus. Phone () _____ E-Mail Address _____ Res. Phone () _____ FAX # () _____	
13. If Applicant is not landowner, attach copy of lease agreement and landowner's written permission to this form.	
14. If Applicant is a partnership, corporation, trust, etc., please attach a list of the partners, corporate officers, trustees as may be appropriate.	
15. If Applicant is a partnership, corporation, trust, etc., please attach written, notarized, instrument bearing the corporate seal when appropriate authorizing affiant to sign and pursue this filing.	
Executed this ____ day of _____, 20____. Signature of Affiant	

STATE of _____)
) ss.
COUNTY of _____)

Before me, the undersigned authority, on this day personally appeared the above Affiant known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that Affiant is duly authorized to make the above report and that Affiant has the knowledge of the facts stated therein and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____ Notary Public _____

