



# ARKANSAS STATE POLICE

ASP-147  
(Rev.12/18)

## Regulatory & Building Operations Division State Fire Marshal Section

### Application for Aboveground Storage Tank Installation

Agricultural  Bulk Plant  Haz Mat  Marina  Non-Retail  Service Station  Additional Tanks

Name Of Tank Owner: \_\_\_\_\_  
(First/MI/Last Name) Email Address

Address: \_\_\_\_\_  
Street City State Zip Code County

Telephone Number: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_  
Area Code Area Code Area Code

Contact Person: \_\_\_\_\_  
Work # Cell #

Physical Address Or Location Of The Tank: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code County

Property Owner \_\_\_\_\_  
(First/MI/Last Name) Email Address

Address: \_\_\_\_\_  
Street City State Zip Code County

Telephone Number: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_  
Area Code Area Code Area Code

Number Of Tanks Applying For: \_\_\_\_\_ Size Or Capacity Of Each: \_\_\_\_\_

Design & Construction Of Tank(s): \_\_\_\_\_

Type Of Corrosion Protection: \_\_\_\_\_ Total Number Of Tanks At This Location: \_\_\_\_\_

Dispensing System (Type of Pump, etc.): \_\_\_\_\_

Tank Installed By: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code County

Telephone Number: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_)-\_\_\_\_ - \_\_\_\_\_  
Area Code Area Code

Local Fire Official  
**Print Name:** \_\_\_\_\_  
(First/MI/Last Name) Department Date: (Month/Day/Year)

Local Fire Official  
**Signature :** \_\_\_\_\_ Local Fire Official  
(First/MI/Last Name) Telephone Number: (\_\_\_\_) - \_\_\_\_\_  
Area Code

State Fire Marshal Signature: \_\_\_\_\_  
(First/MI/Last Name/Badge#) Date: (Month/Day/Year)

Permit# AST-FM \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Month/Day/Year) (First /Last Name)

Return to, 1 State Police Plaza Drive, Little Rock, AR 72209. Phone Number (501) 618-8624.  
Tank installation must be in accordance with Arkansas Fire Prevention Code, and/or NFPA 30 and NFPA 30A. **Include a Diagram with Footage.**

## **INSTRUCTIONS FOR COMPLETING THE ASP-147 APPLICATION FOR ABOVEGROUND STORAGE TANK INSTALLATION FORM**

The ASP-147, Application for an Aboveground Storage Tank Installation Form, shall be completed by any individual/business wishing to install an aboveground storage tank on their property. Installation should not be started prior to the approval and issuance of a license. A license will be issued after all information and diagrams have been submitted to and approved by the State Fire Marshal.

The ASP-147 Form shall be completed as follows:

1. Enter an "X" next to the type of tank to be licensed for which you are applying.
2. Enter the name of the Tank Owner.
3. Enter the street address, city, state, zip code and county of the Tank Owner.
4. Enter the area code, telephone number, fax number and cell phone number of the Tank Owner.
5. Enter a Contact Person for the Tank Owner.
6. Enter the work and cell phone number with the area code for the contact person.
7. Enter the Physical Address or Location of the tank(s) to be installed.
8. Enter the city, state, zip code and county of the physical address or location of the tank(s) to be installed.
9. Enter the name of the Property Owner where the tank(s) are to be located.
10. Enter the address, city, state, zip code and county of the Property Owner.
11. Enter the telephone, fax and cell phone numbers of the Property Owner.
12. Enter the number of tanks for which you are applying to license.
13. Enter the size or capacity of each tank to be installed.
14. Enter the design and construction of the tank(s).
15. Enter the type of corrosion protection.
16. Enter the total number of tanks at this location.
17. Enter the type of dispensing system(s).
18. Enter the name of the company installing the tank.
19. Enter the address, city, state, zip code and county of the company installing the tank(s).
20. Enter the area code, telephone, and fax numbers of the company installing the tank(s).
21. Applicant must obtain a legible printed name and the signature of the Local Fire Official having jurisdiction where the tanks are located.
22. Applicant will submit the application with a diagram, once you have obtained the signature from the Local Fire Official to the Arkansas State Fire Marshal, 1 State Police Plaza Dr., Little Rock, AR 72209.
23. The form will be signed by the State Fire Marshal after the application has been reviewed and found to be in compliance with all laws and regulations.
24. Once the data is entered into our database, a permit will be issued and mailed to the Property Owner.

**A DIAGRAM WITH MEASUREMENTS MUST BE INCLUDED**