

**CLAIM REQUEST FORM FOR ACTIONS NOT DIRECTED BY THE USTB**

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	<i>Mail completed form to:</i> <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b>	<b>FOR STATE USE ONLY</b>
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**GENERAL INFORMATION**

<b>AGENCY INTEREST #:</b>	<b>APPLICATION #:</b>
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**TYPE OF CLAIM REQUEST****(Check one only)**

<input type="checkbox"/> Optional Soil Removal at Time of Closure <input type="checkbox"/> Facility Restoration	<input type="checkbox"/> Miscellaneous Worksheet (indicate which apply) € Disposal of Soil or Water from within the Excavation Zone € Initial Abatement Actions € Transportation and Disposal of Drums € Encroachment Permit Renewal € Unscheduled Maintenance of Remediation System
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**APPLICANT INFORMATION****FACILITY INFORMATION**

<b>FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:</b>			<b>FACILITY NAME:</b>		
<b>OWNER/OPERATOR MAILING ADDRESS:</b>			<b>PHYSICAL LOCATION:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	<b>CITY:</b>	<b>COUNTY:</b>	<b>ZIP CODE:</b>
<b>TELEPHONE NUMBER:</b>	<b>FAX NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	<b>FACILITY CONTACT PERSON:</b>	<b>FACILITY TELEPHONE NUMBER:</b>	
<b>LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:</b>		<b>TELEPHONE NUMBER:</b>	<b>FACILITY FAX NUMBER:</b>	<b>FACILITY E-MAIL ADDRESS:</b>	

**AMOUNT REQUESTED FOR REIMBURSEMENT \$ \_\_\_\_\_****CHECKLIST FOR CLAIM REQUESTS**

<input type="checkbox"/> Worksheet as required by 401 KAR 42:250.	<input type="checkbox"/> Payment Verification Affidavit Form DEP6075/03/11.
<input type="checkbox"/> Payment has been made for all applicable annual registration fees in accordance with KRS 224.60-160	<input type="checkbox"/> Payment Waiver Form DEP6077/03/11 (as applicable).

**FACILITY OWNER CERTIFICATION**

I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative or Agent of the applicant

AND

**I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I FURTHER CERTIFY THAT, IF NOT THE OWNER OR OPERATOR, I AM AUTHORIZED BY THE OWNER OR OPERATOR AS AN AGENT TO MAKE THIS CERTIFICATION, OR I AM THE PERSON ELIGIBLE UNDER 401 KAR CHAPTER 42 AND MY ELIGIBILITY IS IN GOOD STANDING.**

*SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.*

<b>PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):</b>	<b>TITLE:</b>	
<b>SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):</b>	<b>DATE:</b>	
<b>ELIGIBLE COMPANY OR PARTNERSHIP AUTHORIZED REPRESENTATIVE'S SIGNATURE:</b>	<b>UST BRANCH'S PST ELIGIBLE COMPANY #:</b>	<b>DATE:</b>

**FOR STAFF USE ONLY**

FILE/CORRE #: \_\_\_\_\_ ACCOUNT: FRA/PSTA VENDOR ID # \_\_\_\_\_ CLAIM REQUEST # \_\_\_\_\_

**AMOUNTS****SIGNATURES****DATES**

AMOUNT OF ENTRY LEVEL:

AMOUNT MET: YES/NO

\$ \_\_\_\_\_

\_\_\_\_\_  
STAFF

\_\_\_\_/\_\_\_\_/\_\_\_\_

TOTAL AMOUNT OBLIGATED:

\$ \_\_\_\_\_

TOTAL AMOUNT PAID:

\$ \_\_\_\_\_

\_\_\_\_\_  
BRANCH MANAGER

\_\_\_\_/\_\_\_\_/\_\_\_\_

TOTAL ADJUSTMENTS (+/-):

\$ \_\_\_\_\_

AMOUNT RECOMMENDED TO BE PAID:

\$ \_\_\_\_\_

If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\***