

## PSTEAF ELIGIBLE COMPANY OR PARTNERSHIP APPLICATION



**KENTUCKY  
DEPARTMENT  
FOR ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS LANE, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 502-564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY**

### I. GENERAL INFORMATION

To be deemed eligible by the cabinet for reimbursement to perform corrective action at regulated petroleum storage tank facilities, companies and partnerships shall complete and submit this form for initial and renewal of eligibility pursuant to 401 KAR 42:316.

#### TYPE OF APPLICANT

☐ Company

☐ Partnership

#### TYPE OF APPLICATION

☐ NEW Application

☐ RENEWAL/ AMENDED Application

USTB Eligibility # \_\_\_\_\_

#### APPLICANT INFORMATION

COMPANY OR PARTNERSHIP NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

LEGALLY-AUTHORIZED REPRESENTATIVE OR AGENT:

TELEPHONE NUMBER:

#### APPLICANT INSURANCE COVERAGE

LIST AMOUNT OF COVERAGE MAINTAINED FOR THE FOLLOWING:

A. GENERAL LIABILITY: \$ \_\_\_\_\_

B. PROFESSIONAL LIABILITY: \$ \_\_\_\_\_

C. POLLUTION/PROPERTY COVERAGE: \$ \_\_\_\_\_

PROVIDE EVIDENCE (LETTER FROM INSURANCE CARRIER, CERTIFICATES, ETC.) OF COVERAGE AS ATTACHMENT(S) TO THIS FORM.

### II. CAPABILITIES AND SERVICES OFFERED

(use the space below to describe capabilities and services offered; attach additional pages, if necessary)

Capabilities and Services Offered:

**III. LISTING OF ALL BRANCH OFFICES**

(Attach additional pages, if necessary)

CONTACT NAMES:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

**IV. LISTING OF OWNERS, OFFICERS, DIRECTORS AND PRINCIPALS**

(Attach additional pages, if necessary)

NAMES:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

**V. LISTING OF ALL SISTER AND SUBSIDIARY COMPANIES**

(That will provide services under this certification; attach additional pages, if necessary)

1. Company Name: _____		Contact Name: _____	
<b>Complete Mailing Address:</b>	Street Address: _____ City: _____ State: _____ Zip Code: _____	Telephone Number: _____ (____) ____ - ____ Ext. ____	
<b>Type of Services to be Provided:</b>		Estimate Percentage of Service to be Provided on a Project Basis	_____ %
2. Company Name: _____		Contact Name: _____	
<b>Complete Mailing Address:</b>	Street Address: _____ City: _____ State: _____ Zip Code: _____	Telephone Number: _____ (____) ____ - ____ Ext. ____	
<b>Type of Services to be Provided:</b>		Estimate Percentage of Service to be Provided on a Project Basis	_____ %
3. Company Name: _____		Contact Name: _____	
<b>Complete Mailing Address:</b>	Street Address: _____ City: _____ State: _____ Zip Code: _____	Telephone Number: _____ (____) ____ - ____ Ext. ____	
<b>Type of Services to be Provided:</b>		Estimate Percentage (%) of Service to be Provided on a Project Basis	_____ %
<b>Complete Mailing Address:</b>	Street Address: _____ City: _____ State: _____ Zip Code: _____	Telephone Number: _____ (____) ____ - ____ Ext. ____	

**VI. PROFESSIONAL ENGINEER/PROFESSIONAL GEOLOGIST**

- ☐ Professional Engineer or Professional Geologist on staff.
- ☐ Contracting with a Professional Engineer or Professional Geologist (provide a copy of the contract with this form)

**VII. TECHNICAL STAFF**

(Attach additional pages, if necessary)

Provide a listing of all technical personnel (including P.E./P.G.) employed by the applicant who will be available to work on corrective action projects. For each individual listed, provide a copy of the current professional.

<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Corrective Action Job Duties:</b>		

<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Corrective Action Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Corrective Action Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
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<b>Anticipated Corrective Action Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Corrective Action Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Corrective Action Job Duties:</b>		

**VIII. ADMINISTRATIVE PERSONNEL**

(Attach additional pages, if necessary)

Provide a listing of personnel employed by the applicant who will provide administrative support to corrective action projects. Such personnel might include clerical, computer, time clerk, payroll and accounting.

<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Job Duties:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Years of Related Experience:</b>
<b>Education and Training:</b>		
<b>Anticipated Job Duties:</b>		

## IX. LISTING OF INSTRUMENTS AND EQUIPMENT

**(List all equipment owned by the applicant, subsidiary or sister company for the performance of corrective action projects; attach additional pages, if necessary)**

[illegible]

## X. AGREEMENT AND AFFIRMATION

<b>A. Applicant agrees that USTB representatives may inspect the records and business premises of the applicant to verify information in this application or to evaluate the applicant's capabilities?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>B. Applicant holds, in good standing, all licenses, permits and training certifications required to perform corrective action activities in Kentucky?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>C. Has any criminal proceeding or disciplinary action(s) been taken, or is there any enforcement action(s) pending, by any regulatory or law enforcement agency against the applicant, its owners, officers, directors, or principals? If yes, attach a detailed explanation to this form.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

I, THE UNDERSIGNED, 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.

PRINTED NAME OF OWNER, OFFICER, DIRECTOR OR PRINCIPAL:

TITLE:

SIGNATURE OF OWNER, OFFICER, DIRECTOR OR PRINCIPAL:

DATE:

Subscribed and sworn to before me by: \_\_\_\_\_

This the: \_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission State at Large: \_\_\_\_\_ OR County: \_\_\_\_\_

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at 502-564-5981 or visit our Web site at <http://wastek.ky.gov/ust>.

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