

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

Claim Number:

UST Third-Party Claim

1. General Information

Agency Interest Number (AI)		PSTEAF Application Number	
Third-Party Application Number			

2. UST Facility Information

UST Facility Name			
UST Facility Physical Address (PO Box not accepted)	Street Address:		
	City:	County:	Zip Code: -

3. Applicant Information

Applicant Name			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: () -	Email:	
Legally Authorized Representative / Agent	Phone: () -	Email:	

4. Additional Information

1. Have the costs requested been addressed through corrective action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Provide the date the cabinet was notified of the assertion of the third-party claim for a) The filing of an action against the Applicant by the third-party; or b) The receipt of an assertion of a claim in writing by a third party.	/ /
3. Is the amount requested limited to actual damage caused by the release from a regulated petroleum storage tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was prior approval from the cabinet received for the settlement of the third-party claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Additional Documentation

I have attached the cabinet's prior approval for the settlement of the third-party claim.

I have attached either the final and enforceable judgement or the agreement reviewed and approved by the cabinet.

Amount Requested	\$
-------------------------	----

6. Applicant Certification

Signature Requirements: If incorporated or a public service corporation, the individual signing 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 UST facility; or a person designated by the board of directors by means of a corporate resolution. For the individual for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form shall be signed by a principal, executive officer or ranking elected official. The power of the agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representative of the owner/operator.

I hereby certify under penalty of law that I am the (mark one)	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Legally-authorized representative or agent of the applicant (refer to Signature Requirements above)

AI _____

Applicant Certification (continued from Section 6)

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 certify that all costs are necessary and were incurred in the performance of corrective action. 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. In addition, I certify the eligibility requirements of 401 KAR 42:250 have been met and a release requiring corrective action from this UST facility has occurred and has been reported to the cabinet as required by 401 KAR 42:250, Section 2.

Applicant or Authorized Representative / Agent	<i>Printed</i>		Title	
	<i>Signature</i>		Date	/ /
Eligible Company or Partnerships Representative	<i>Printed</i>		Title	
	<i>Signature</i>		Date	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of UST facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email EEC.KORA@ky.gov.

GENERAL INSTRUCTIONS
UST Third-Party Claim

Instructions provided are for the DWM 4292, UST Third-Party Claim form. For any questions regarding any section of this form, please call the Division of Waste Management's Underground Storage Tank (UST) Branch. This form must be completed either by typing or by printing legibly with black ink.

All sections shall be completed to be accepted by the cabinet. If this form is not complete (including all required additional documentation) a deficiency letter will be sent to the applicant for corrections.

Submit DWM 4292 form via mail, fax, or electronically:

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
Phone: (502) 564-5981
Fax: (502) 564-0094
<http://waste.ky.gov/UST>

Section	1.	<p>General Information:</p> <ul style="list-style-type: none"> • Agency Interest Number (AI) – Enter the agency interest number for the UST facility. • PSTEAF Application Number – Enter the applicable Application for Assistance number. • Third-Party Application Number – Enter the applicable Third-Party Application number.
Section	2.	<p>UST Facility Information:</p> <ul style="list-style-type: none"> • UST Facility Name – Enter the UST facility name. • UST Facility Physical Address – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.
Section	3.	<p>Applicant Information:</p> <ul style="list-style-type: none"> • Applicant Name – Enter the applicant name. This is not the UST facility name, unless it is the same as the applicant. • Applicant Mailing Address – Enter the applicant's mailing address including a street address, city, state, and zip code. • Applicant Contact Information – Enter the applicant's contact information including phone number and email address. • Legally Authorized Representative/Agent – Enter the legally authorized representative or agent, and include a phone number and email address.
Section	4.	<p>Additional Information:</p> <ul style="list-style-type: none"> • Answer the four (4) questions regarding corrective action and the third-party claim.
Section	5.	<p>Additional Documentation:</p> <ul style="list-style-type: none"> • Check the appropriate boxes indicating the documentation is included with the third-party claim. • Amount Requested – Enter the dollar amount requested to be reimbursed.
Section	6.	<p>Applicant Certification:</p> <ul style="list-style-type: none"> • Certify that you are either the applicant (owner or operator) or a legally-authorized representative by checking the appropriate box. • Applicant or Legally Authorized Representative/Agent – The applicant or legally authorized representative or agent (i.e., owner, officer, director, or principal of the company or partnership) shall certify the information included on the claim by printing name, title, and sign and date. • Eligible Company or Partnerships Representative – The applicant's eligible company or partnership's representative shall certify the information included on the claim by printing name, title, and sign and date.