

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

**UST Application for PSTEAF Eligible Companies or Partnerships**

**1. Company or Partnership Information**

<b>Type of Application</b>	<input type="checkbox"/> New <input type="checkbox"/> Amended – <i>provide Agency Interest Number (AI):</i>		
<b>Type</b> <i>(mark one)</i>	<input type="checkbox"/> Company <input type="checkbox"/> Partnership		
<b>Company or Partnership Name</b>			
<b>Company or Partnership Mailing Address</b>	Street Address:		
	City:	State:	Zip Code: -
<b>Company or Partnership Contact Information</b>	Phone: ( ) -	Alternate Phone: ( ) -	
	Email:		

List legally authorized representatives or agents of the company or partnership who will have signatory authority for claims.

<b>Legally Authorized Representative / Agent #1</b>		Phone: ( ) -	Email:
<b>Legally Authorized Representative / Agent #2</b>		Phone: ( ) -	Email:
<b>Legally Authorized Representative / Agent #3</b>		Phone: ( ) -	Email:

<b>Insurance Coverage</b> <i>(minimum \$1 mil for each)</i>	Provide amount of coverage for each:	
	General Liability	\$
	Professional Liability	\$
	Pollution/Property Coverage	\$

- I have added the cabinet as an additional interest on the insurance policy in accordance with 401 KAR 42:250(19)(1)(d)(2).
- I have provided evidence of coverage for each as listed above as attachments (i.e. letter from insurance carrier, certificates, etc.).

**2. Capabilities and Services Offered** *(Attach additional pages if necessary)*

AI \_\_\_\_\_

3. Listing of All Branch Offices <i>(Attach additional pages if necessary)</i>				
Contact Name	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: -	( ) -
4. Listing of Owners, Officers, Directors, and Principals <i>(Attach additional pages if necessary)</i>				
Name	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: -	( ) -
5. Listing of All Sister and Subsidiary Companies <i>(Include companies that will provide services under this certification; attach additional pages if necessary)</i>				
Company Name:		Contact Name:		Phone: ( ) -
Street Address:	City:	State:	Zip Code: -	Phone: ( ) -
Type of Services to be provided:				
Estimate percentage of service to be provide on a project basis (%):				
Company Name:		Contact Name:		Phone: ( ) -
Street Address:	City:	State:	Zip Code: -	Phone: ( ) -
Type of Services to be provided:				
Estimate percentage of service to be provide on a project basis (%):				
Company Name:		Contact Name:		Phone: ( ) -
Street Address:	City:	State:	Zip Code: -	Phone: ( ) -
Type of Services to be provided:				
Estimate percentage of service to be provide on a project basis (%):				

AI \_\_\_\_\_

**6. Professional Engineer (P.E.) / Professional Geologist (P.G.)**

- I have a Professional Engineer (P.E.) or Professional Geologist (P.G.) on staff.
- I am contracting with a Professional Engineer (P.E.) or Professional Geologist (P.G.) licensed in Kentucky. I have provided a copy of the signed contract with the application.

**7. Technical Staff** *(Attach additional pages if necessary)*

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

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A

Anticipated Corrective Action Job Duties:

AI \_\_\_\_\_

**8. Administrative Personnel** *(Attach additional pages if necessary)*

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

Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		

Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		

Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		

Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		

Name:	Title:	Years of Related Experience:
Education and Training:		
Anticipated Corrective Action Job Duties:		

**9. Listing of Instruments and Equipment** *(Attach additional pages if necessary)*

List all equipment owned by the company or partnership, subsidiary, or sister company for the performance of corrective action projects.

Technical Field Instruments	Equipment	Vehicles	Other Materials

AI \_\_\_\_\_

**10. Affirmation and Certification**

1. Company or partnership agrees that a cabinet representative may inspect the records and business premises of the company or partnership to verify information in this application or to evaluate the company or partnerships capabilities.  Yes  No
2. Company or partnership will remain active and in good standing with the Kentucky Secretary of State.  Yes  No
3. Company or partnership holds, in good standing, all licenses, permits and training certifications required to perform corrective action activities in Kentucky.  Yes  No
4. Has any criminal proceeding or disciplinary action been taken, or is there any enforcement action pending, by any regulatory or law enforcement agency against the company or partnership, its owner, officers, directors, or principals? If yes, attach a detailed explanation *(required)*.  Yes  No

I, the undersigned, under penalty of law, 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.

<b>Owner, Officer, Director or Principal</b> <i>(Company or Partnership)</i>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /

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](mailto:EEC.KORA@ky.gov).

**GENERAL INSTRUCTIONS**  
**UST Application for PSTEAF Eligible Companies or Partnerships**

Instructions provided are for the DWM 4284, UST Application for PSTEAF Eligible Company or Partnership 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 company or partnership for corrections. For any future changes in information, an amended application shall be submitted within thirty (30) days of any changes.

**Submit DWM 4284 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>

<b>Section</b>	<b>1.</b>	<p><b>Company or Partnership Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Type of Application</b> – Mark appropriate box indicating a new application or amended application. For an amended application, provide Agency Interest (AI) number.</li> <li>• <b>Type</b> – Mark appropriate box indicating a company or partnership.</li> <li>• <b>Company or Partnership Name</b> – Enter the company or partnership name.</li> <li>• <b>Company or Partnership Mailing Address</b> – Enter the company or partnership mailing address, city, state, and zip code.</li> <li>• <b>Company or Partnership Contact Information</b> – Enter a contact phone number, alternate phone number, and email address.</li> <li>• <b>Legally Authorized Representative/Agent</b> – Enter the legally authorized representatives or agents for the company or partnership, and include a phone number and email address for each.</li> <li>• <b>Insurance Coverage</b> – Enter the amount of coverage for each listed. Company and partnerships are required to have \$1 million in general and professional, also, \$1 million in pollution and/or property coverage.</li> <li>• Check the box indicating the cabinet has been added as an additional interest on the insurance policy.</li> <li>• Check the box indicating the required documentation as proof of insurance is provided with the application.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>Capabilities and Services Offered:</b></p> <ul style="list-style-type: none"> <li>• List all services offered from your company or partnership. Attach additional pages as necessary.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Listing of All Branch Offices:</b></p> <ul style="list-style-type: none"> <li>• List all branch offices for the company or partnership. Enter contact name, mailing address, city, state, zip code, and phone number for each branch office. Attach additional pages as necessary.</li> </ul>
<b>Section</b>	<b>4.</b>	<p><b>Listing of Owners, Officers, Directors, and Principals:</b></p> <ul style="list-style-type: none"> <li>• List all owners, officers, directors, and principals for the company or partnership. Enter contact name, mailing address, city, state, zip code, and phone number for each listed. Attach additional pages as necessary.</li> </ul>
<b>Section</b>	<b>5.</b>	<p><b>Listing of All Sister and Subsidiary Companies:</b></p> <ul style="list-style-type: none"> <li>• List all sister and subsidiary companies for the company or partnership. Enter company name, company address, city, state, zip code, and phone number for each listed. Also, list the type of services to be provided and the estimated percentage of service to be provide on a project basis. Attach additional pages as necessary.</li> </ul>
<b>Section</b>	<b>6.</b>	<p><b>Professional Engineer (P.E.) / Professional Geologist (P.G.):</b></p> <ul style="list-style-type: none"> <li>• Check the applicable box stating your company or partnership has a P.E. or P.G. registered/licensed in the state of Kentucky on staff or contracted.</li> </ul>
<b>Section</b>	<b>7.</b>	<p><b>Technical Staff:</b></p> <ul style="list-style-type: none"> <li>• Provide a listing of all technical personnel (including P.E./P.G.) employed by the company or partnership who will be available to work on corrective action projects. Enter name, title, years of related experience, education and training, and anticipated corrective action job duties. For each individual listed, provide a copy of the current professional resume.</li> </ul>
<b>Section</b>	<b>8.</b>	<p><b>Administrative Personnel:</b></p> <ul style="list-style-type: none"> <li>• Provide a listing of all administrative personnel employed by the company or partnership who will be provide administrative work on corrective action projects. Enter name, title, years of related experience, education and</li> </ul>

		training, and anticipated corrective action job duties. Such personnel might include clerical, computer, time clerk, payroll and accounting.
<b>Section</b>	<b>9.</b>	<b>Listing of Instruments and Equipment:</b> <ul style="list-style-type: none"><li>List all equipment owned by the company or partnership, subsidiary, or sister company for the performance of corrective action projects. Attach additional pages as necessary.</li></ul>
<b>Section</b>	<b>10.</b>	<b>Affirmation and Certification:</b> <ul style="list-style-type: none"><li>Read and check the applicable yes/no box for all questions. The owner, officer, director, or principal of the company or partnership shall certify the information included on the application by printing name, title, and sign and date.</li></ul>