

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:

Obligation Number:

UST Claim Request for Directed Actions

1. General Information

Agency Interest Number (AI)		Application Number	
Date of Directive		Initial Amount Approved	\$
Name of Directive			
Reimbursement Amount Requested	\$	<i>Submit supporting documentation as applicable with claim.</i>	

2. UST Facility Information

UST Facility Name					
UST Facility Physical Address <i>(PO Box not accepted)</i>	Street Address:				
	City:		County:		Zip Code:

3. Applicant Information

Applicant Name					
Applicant Mailing Address	Street Address:				
	City:		County:		Zip Code:
Applicant Contact Information	Phone:		Email:		
Legally Authorized Representative / Agent	Phone:		Email:		
	Phone:		Email:		

4. Payment Verification Affidavit Certification

1. This affidavit is given with reference that this Claim Request is signed and dated by me and thereafter to be submitted to the UST Branch. This Claim Request reimbursement is for costs incurred for corrective action at the facility above.

2. This affidavit certifies that all vendors and subcontractors who have performed work, or supplied materials, related to corrective action at the facility, and whose invoices for such work or materials make up all or any portion of the costs that are the subject of this Claim Request, have been paid in full for all such work and materials as the date of submittal of this Claim Request to the UST Branch, except for those invoices specifically listed in Item 3 below.

3. The following invoices make up all or a portion of the costs that are the subject of this Claim Request, and have not been paid in full as of the date of submittal of this Claim Request to the UST Branch. A UST Payment Waiver (DWM 4289) for each vendor or subcontractor listed below shall be submitted with this Claim Request prior to reimbursement (*required*).

Number of Invoices	Name of Vendor / Subcontractor	Invoice Number	Invoice Amount	Payment Waiver Included
1			\$	<input type="checkbox"/>
2			\$	<input type="checkbox"/>
3			\$	<input type="checkbox"/>
4			\$	<input type="checkbox"/>
5			\$	<input type="checkbox"/>
6			\$	<input type="checkbox"/>
7			\$	<input type="checkbox"/>

AI

5. Applicant Certification

I, the undersigned, certify 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 legally authorized by the owner or operator as an agent to make this certification, or I am the person eligible in accordance with 401 KAR 42:250 and my (our) eligibility is in good standing.

Note to Applicant:

Incomplete claim forms cannot be processed. After signing below, send incomplete claim forms back to your contracted eligible company or partnership prior to submittal to the UST Branch.

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

Note: The UST Branch shall review claim requests immediately following a technical completion determination.

GENERAL INSTRUCTIONS
UST Claim Request for Directed Actions

Instructions provided are for the DWM 4286, UST Claim Request for Directed Actions. 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 4286 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) – This is the agency interest number for the facility. • Application Number – This is the applicable Application for Assistance number. • Date of the Directive – This is the date of the associated directive. • Initial Amount Approved – This is the initial dollar amount approved on the directive and worksheet associated with the claim. • Name of Directive – This is the name of the associated directive. • Reimbursement Amount Requested – Enter the dollar amount requested for the claim being submitted. Submit supporting documentation as applicable with the claim.
Section	2.	<p>UST Facility Information:</p> <ul style="list-style-type: none"> • UST Facility Name – Enter the facility name. • UST Facility Physical Address – Enter the facility physical address. 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 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 his or her phone number and email address.
Section	4.	<p>Payment Verification Affidavit Certification:</p> <ul style="list-style-type: none"> • Name of Vendor/Subcontractor – List all the vendors and subcontractors who have not been paid in full as of the date of the submittal of the associated claim. • Invoice Number – List applicable invoice numbers associated with the work completed for the directive. • Invoice Amount – Enter the invoice dollar amount owed to the vendor/subcontractor for the associated Invoice Number listed. • Payment Waiver Included – Check the box if the associated UST Payment Waiver, DWM 4289, form is included with the claim. The UST Payment Waiver, DWM 4289, is required for all vendors/subcontractors whom are not paid in full at the time the claim is submitted.
Section	5.	<p>Applicant Certification:</p> <ul style="list-style-type: none"> • 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.