

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:*

*Reconsideration Number:*

**UST Reconsideration Request**

**1. General Information**

<b>Agency Interest Number (AI)</b>			
<b>Application Number</b>			
<b>Original Claim Request Number</b>		<b>Amount for Reconsideration</b>	\$

**2. UST Facility Information**

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

**3. Applicant Information**

<b>Applicant Name</b>			
<b>Applicant Contact Information</b>	Phone: ( ) -	Email:	

**4. Reconsideration Explanation and Documentation**

I have attached supporting documentation not previously submitted. An explanation for the reconsideration request is as described below.

**5. Certification**

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. In addition, I certify that, if not the approved applicant, I am authorized by the approved applicant 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.

<b>Eligible Company or Partnerships Representative</b>	<i>Printed</i>		<b>Date</b>	
	<i>Signature</i>			

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 Reconsideration Request**

Instructions provided are for the DWM 4290, UST Reconsideration Request 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 4290 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>General Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Agency Interest Number (AI)</b> – This is the agency interest number for the UST facility.</li> <li>• <b>Application Number</b> – This is the applicable Application for Assistance number.</li> <li>• <b>Reimbursement Amount Requested</b> – Enter the dollar amount requested for the reconsideration.</li> <li>• <b>Original Claim Request Number</b> – Enter the original claim number from which the reconsideration amount is being requested.</li> <li>• <b>Amount for Reconsideration</b> – Enter the dollar amount to be reconsidered.</li> </ul>
<b>Section</b>	<b>2.</b>	<p><b>UST Facility Information:</b></p> <ul style="list-style-type: none"> <li>• <b>UST Facility Name</b> – Enter the UST facility name.</li> <li>• <b>UST Facility Physical Address</b> – Enter the UST facility physical address including a street address, city, county, and zip code. A PO Box will not be accepted.</li> </ul>
<b>Section</b>	<b>3.</b>	<p><b>Applicant Information:</b></p> <ul style="list-style-type: none"> <li>• <b>Applicant Name</b> – Enter the applicant name. This is not the UST facility name, unless it is the same as the applicant.</li> <li>• <b>Applicant Contact Information</b> – Enter the applicant's contact information including phone number and email address.</li> </ul>
<b>Section</b>	<b>4.</b>	<p><b>Reconsideration Explanation and Documentation:</b></p> <ul style="list-style-type: none"> <li>• Check the box indicating supporting documentation that was not previously submitted is attached with the reconsideration request.</li> <li>• List an explanation for the reconsideration request and attach supporting documentation.</li> </ul>
<b>Section</b>	<b>5.</b>	<p><b>Certification:</b></p> <ul style="list-style-type: none"> <li>• <b>Eligible Company or Partnerships Representative</b> – The eligible company or partnership's representative shall certify the information included on the claim by printing name, title, and sign and date.</li> </ul>