

INSTRUCTIONS FOR THE APPLICATION FOR ASSISTANCE

GENERAL INSTRUCTIONS. 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 OWNER FOR CORRECTIONS. The form shall be typed or printed legibly in black or blue ink. If you have any questions about any section of this form, contact the cabinet at (502)564-5981 or (800)928-7782. **IMPORTANT NOTE:** For any future changes in information, an amended application for assistance shall be submitted within thirty (30) calendar days of changes.

GENERAL INFORMATION

Agency Interest Number:	Enter Agency Interest number.
Type of Petroleum Storage Tank (PST) Applicant:	Mark one box indicating whether the applicant applying for assistance is the owner, operator or both the owner and operator.
Total # of PSTs Owned (all facilities owned):	Enter the total number of petroleum storage tanks (PST) owned by the applicant (including those PSTs owned that are located at other facilities).
Total # of PSTs Operated:	Enter the total number of petroleum storage tanks operated by the applicant (including those PSTs operated that are located at other facilities).
Identify the tanks for which you are requesting assistance (gallons and product stored):	List the tank(s) associated with the release being applied for on this application for assistance. Include the gallons and type of product stored in the tank(s).
Type of Application for Assistance:	Mark one of the types of applications. Choose new if this is a first time application. Choose amended if this application is being submitted to amend the applicant information. Choose 3 rd party if this application is being submitted for 3 rd party reimbursement.

APPLICANT INFORMATION

Facility Owner/Operator (Applicant's) Name:	Enter the applicant's name. This will be the owner's name or operator's name (corporation, individual, partnership, incorporated, sole proprietorship, public service corporation, government/non-profit agency, or estate/trust). NOTE: Applicant applying, whether they are the owner or operator must be the current owner/operator listed on the UST (underground storage tank) Facility Registration Form.
Owner/Operator Mailing Address, city, state, and zip code:	Enter current UST owner/operator mailing address including city, state, and zip code.
Telephone Number:	Enter area code and telephone number of the current UST owner/operator.
Fax Number:	Enter the area code and fax number of the current UST owner/operator.
E-Mail Address:	Enter the electronic mail address for the current UST owner/operator.
Legally Authorized Representative or Agent and telephone number:	List the name and telephone number, including area code of the person that is authorized to make decisions on behalf of the owner. This is especially important if the owner is a corporation, partnership, or municipality. Documentary evidence to substantiate the legality of an authorized representative's power of agency or power of attorney shall be submitted. Please see 401 KAR 42:250 Section 15 for additional information.
Facility Name:	Enter name under which business and/or UST facility is currently operating. NOTE: Should match the facility name listed on the UST Facility Registration Form.
Physical Location:	Enter EXACT street address including street number and/or highway number where tanks are physically located. DO NOT USE A POST OFFICE BOX, ROUTE NUMBER FOR MAILING ADDRESS.

City, County, Zip Code:	Enter the city, county, and zip code where the UST system is located. If in a rural location, use the city or town that is used for the UST system location mailing address.
Facility Contact Person and facility telephone number:	Enter the contact person and telephone number, including area code at the UST facility that would be responsible for this UST system's day-to-day operation.
Facility Fax Number:	Enter area code and fax number used at the UST facility where UST system is located.
Facility E-mail Address:	Enter electronic mail address for facility contact person at the UST system location.

DEMONSTRATION OF FINANCIAL ABILITY

Applicant Applying for Coverage as:	Check the appropriate box (ONLY ONE) that corresponds with the applicant applying for coverage.
If INDIVIDUAL is checked:	Provide the Social Security Number (SSN) for the individual and the last five years income tax returns in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If PARTNERSHIP is checked:	Provide the Federal Identification Number, the last five years income tax returns, and the name of each partner or shareholder in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If INCORPORATED is checked:	Provide the Federal Identification Number, the last five years income tax returns, and the name of each partner or shareholder in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If SOLE PROPRIETORSHIP is checked:	Provide the Social Security Number (SSN) or Federal Identification # for the Sole Proprietorship and the last five years income tax returns in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
If PUBLIC SERVICE CORPORATION is checked:	Provide the Federal Identification Number for the Public Service Corporation. If the Public Service Corporation is NON-PROFIT , also provide the last five years of annual budgets and tax exemption documentation in accordance with the Required Information section. EXCEPTION: If last five years total income is greater than \$100,000, provide written notice of such and tax exemption documentation instead of submitting budgets with this form. If the Public Service Corporation is FOR-PROFIT , provide last five years income tax returns, and the name of each partner or shareholder in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.

If GOVERNMENT/NON-PROFIT is checked:	Provide the Federal Identification Number for the Government Agency and all other Non-Profit Entities. Also provide the last five years of annual budgets and tax exemption documentation in accordance with the Required Information section. EXCEPTION: If last five years total income is greater than \$100,000, provide written notice of such and tax exemption documentation instead of submitting budgets with this form.
If ESTATE/TRUST is checked:	Provide the Social Security Number (SSN) or Federal Identification # for the Estate/Trust and the last five years income tax returns in accordance with the Required Financial Information section. EXCEPTION: If last five years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.

REQUIRED INFORMATION

Written Contract Signed by Both Contracting Parties:	Check this box once the PST owner/operator has obtained a contract from a eligible company (for all work initiated on or after July 1, 1999). The contract shall be submitted with this form. Please see 401 KAR 42:250 Section 3 for additional information.
Date Release Occurred and/or Discovered:	Enter the date that the release from the PST(s) requiring corrective action from an eligible facility occurred and/or was discovered.
Date Release was Reported to Cabinet	Enter the date the release from the PST(s) requiring corrective action from an eligible facility was reported to the cabinet.
Method of Discovery:	Give a brief description of how the release was discovered. (Examples include: Tank Removal, Site Check, Leak Detection Records, Observation, etc.)
Incident Number(s):	Enter the Incident Number acquired from the cabinet upon reporting.
Check All That Apply for the Type of Release at This Facility:	Check all that applies for the type of release that occurred at this facility. (Gasoline, Diesel, Kerosene, New Oil, Waste Oil)
Name of Eligible Company or Partnership:	Enter the name of the eligible company or partnership who is contracted to perform corrective action at the facility. NOTE: Must be eligible in accordance with 401 KAR 42:316.
UST Branch's PST Eligible Company or Partnership Certification #:	Enter the eligible company or partnership's certification number obtained from the UST Branch.

THIRD PARTY INFORMATION

Is There any Known Third-Party Complaint Connected with this Release:	Mark Yes if there has been a Third-Party Complaint in connection with this release. Must attach a copy of the complaint, judgment and/or any legal documentation, letters, etc. received. List the full name, telephone number, mailing address, city, state and zip code of the complainant(s). If there has been no Third-Party Complaint filed, mark No and continue to the Subrogation Agreement section.
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SUBROGATION AGREEMENT

Applicant:	Enter the applicant's name. This will be the owner's name or operator's name (corporation, individual, partnership, incorporated, sole proprietorship, public service corporation, government/non-profit agency, or estate/trust) as listed on the UST facility registration form. NOTE: This should match the applicant's name listed under Applicant Information on page one of this form.
Facility:	Enter name under which business and/or UST facility is currently operating. NOTE: Should match the facility name

	listed on the UST Facility Registration Form and the facility name listed under Applicant Information on page one of this form.
Month, Day, Year:	Enter the date; including month, day and year that this application is being signed by the owner. NOTE: This should match the date listed by the Signature of Applicant under the Application for Assistance Certification section.

APPLICATION FOR ASSISTANCE CERTIFICATION


Applicant or Legally-Authorized Representative or Agent of the Applicant:	Check the box that applies (ONLY ONE). Must correspond with the Applicant Information section on page one of this form and the signature listed below.
Printed Name of Applicant (Or Authorized Representative or Agent):	Print the name of the Applicant (Owner/Operator) applying or the Legally-Authorized Representative. Must correspond with the Application Information section on page one of this form and the signature listed below.
Title:	Enter the Title of the Applicant. (Examples: Owner, Operator, Executor of Estate, President, etc.)
Signature of Applicant (Or Authorized Representative or Agent):	Read all information under this section carefully, sign and date. Must be the Signature of Applicant (Owner/Operator) applying or the Legally-Authorized Representative. Must correspond with the Application Information section on page one of this form. Copied or stamped signatures are NOT acceptable.
Eligible Company or Partnerships Authorized Representative's Signature:	Read all information under this section carefully, sign, date and list the Eligible Company or Partnership's certification number. This signature must be an Authorized Representative of the Company listed under the Required Information section. Copied or stamped signatures are NOT acceptable.

ADDITIONAL NOTES:

- Retain a copy of this form and all supplemental documentation for your records.
- If you have additional questions or need to request a review of the facility records, please contact the cabinet at 502-564-5981. You may also visit our Web site for forms, regulations, and information at: <http://waste.ky.gov/ust>.
- Mail this completed form and all supplemental documentation to:

**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
300 SOWER BLVD, SECOND FLOOR
FRANKFORT, KY 40601**

APPLICATION FOR ASSISTANCE

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	Mail completed form to: DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 300 SOWER BLVD, SECOND FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY
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GENERAL INFORMATION

AGENCY INTEREST #:	TYPE OF PETROLEUM STORAGE TANK (PST) APPLICANT: <input type="checkbox"/> PST OWNER <input type="checkbox"/> PST OPERATOR <input type="checkbox"/> PST OWNER & OPERATOR	TOTAL # OF PSTs OWNED (all facilities owned): _____ TOTAL # OF PSTs OPERATED: _____
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Identify the tanks for which you are requesting assistance (gallons and product stored):

TYPE OF APPLICATION FOR ASSISTANCE (choose one) NEW _____ AMENDED _____ 3RD PARTY _____

APPLICANT INFORMATION

FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER/OPERATOR MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:		FACILITY TELEPHONE NUMBER:
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:		FACILITY E-MAIL ADDRESS:

DEMONSTRATION OF FINANCIAL ABILITY

(Social Security Number (SS#) or Federal Identification Number shall be provided)

APPLICANT APPLYING FOR COVERAGE AS: <small>(Check Only One)</small>	SOCIAL SECURITY #:	FEDERAL IDENTIFICATION #:
<input type="checkbox"/> INDIVIDUAL		NOT APPLICABLE
<input type="checkbox"/> PARTNERSHIP	SEE BELOW ITEM 3	
<input type="checkbox"/> INCORPORATED	SEE BELOW ITEM 3	
<input type="checkbox"/> SOLE PROPRIETORSHIP		
<input type="checkbox"/> PUBLIC SERVICE CORPORATION	SEE BELOW ITEM 3	
<input type="checkbox"/> GOVERNMENT / NON-PROFIT	NOT APPLICABLE	
<input type="checkbox"/> ESTATE/TRUST		

REQUIRED FINANCIAL INFORMATION:

If the following information is not available at the time of application submittal the required information shall be submitted within 60 days of the release.

1. Provide the last five (5) years income tax returns for the Individual, Partnership, Incorporated, Sole Proprietorship, For-Profit Public Service Corporation and an Estate/Trust. EXCEPTION: Those listed above whose last five (5) years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
2. For the following Non-Profit Entities: Public Service Corporation, Government and all other Non-Profit entities, provide the last five (5) years annual budgets and tax exemption documentation. EXCEPTION: Those listed above whose last five (5) years total income is greater than \$100,000, provide written notice of such and tax exemption documentation instead of submitting the budgets with this form.
3. If the facility is owned by a Partnership, Incorporated or a For-Profit Public Service Corporation, provide the Name for each partner or shareholder:

NAME:

NAME:

REQUIRED INFORMATION	THIRD-PARTY INFORMATION
<input type="checkbox"/> Written Contract Signed by Both Contracting Parties. <input type="checkbox"/> Date release occurred and/or discovered: ____/____/____ <input type="checkbox"/> Date release was reported to cabinet: ____/____/____ <input type="checkbox"/> Method of Discovery _____ <input type="checkbox"/> Incident Number(s): _____ <input type="checkbox"/> Check all that apply for the type of release at this facility: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> New Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Name of PE/PG: _____ <input type="checkbox"/> Name of Eligible Company or Partnership: _____ <input type="checkbox"/> UST Branch's PST Eligible Company or Partnership Certification #: _____	<ul style="list-style-type: none"> ● Is there any known third-party complaint connected with this release? <input type="checkbox"/> Yes <input type="checkbox"/> No ● If so, provide the following for each third-party complaint: 1. <u>Name / Telephone Number:</u> _____ <li style="padding-left: 20px;"><u>Address / City / State / Zip Code:</u> _____ 2. <u>Name / Telephone Number:</u> _____ <li style="padding-left: 20px;"><u>Address / City / State / Zip Code</u> _____ ● Attach a copy of the complaint and/or any legal documents, letters, etc. received.

SUBROGATION AGREEMENT

In consideration of and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned _____ (Applicant) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation, including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at _____ (Facility) during the period on or about _____ (Month Day, Year) to the present. The Applicant authorizes the cabinet to sue, compromise or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquaintance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant's with the same force and effect as the Applicant executed or endorsed them. It is the intent of the parties' that the cabinet be fully substituted for the Applicant and subrogated to all of the Applicant's rights to recover the amount paid from the PSTEAF.

The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and documents in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

APPLICATION FOR ASSISTANCE CERTIFICATION

I hereby certify under penalty of law that I am the (check one): Applicant Legally-authorized representative or agent of the applicant AND

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 THE ELIGIBILITY REQUIREMENTS OF 401 KAR 42:250 HAVE BEEN MET AND A RELEASE REQUIRING CORRECTIVE ACTION FROM THIS FACILITY HAS OCCURRED AND HAS BEEN REPORTED TO THE CABINET AS REQUIRED BY 401 KAR 42:250 SECTION 2.

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

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:
ELIGIBLE COMPANY OR PARTNERSHIPS AUTHORIZED REPRESENTATIVE'S SIGNATURE:	UST BRANCH'S PST ELIGIBLE COMPANY or PARTNERSHIP #: DATE:

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

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS