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| **CLAIM REQUEST FORM FOR ACTIONS NOT DIRECTED BY THE USTB** |
|  | **KENTUCKY** | *Mail completed form to:***DIVISION OF WASTE MANAGEMENT** | **FOR STATE USE ONLY** |
| **DEPARTMENT** | **UNDERGROUND STORAGE TANK BRANCH** |  |
| **FOR** | **300 SOWER BLVD, SECOND FLOOR** |  |
| **ENVIRONMENTAL PROTECTION** | **FRANKFORT, KENTUCKY 40601****(502) 564-5981**[**http://waste.ky.gov/ust**](http://waste.ky.gov/ust) |  |
| **GENERAL INFORMATION** |
| **AGENCY INTEREST #:** | **APPLICATION #:** |
| **TYPE OF CLAIM REQUEST****(Check one only)** |
| Optional Soil Removal at Time of Closure Facility Restoration | Miscellaneous Worksheet (indicate which apply) Disposal of Soil or Water from within the Excavation Zone Initial Abatement Actions Transportation and Disposal of Drums Encroachment Permit Renewal Unscheduled Maintenance of Remediation System |
| **APPLICANT INFORMATION** | **FACILITY 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:** |
| **AMOUNT REQUESTED FOR REIMBURSEMENT $**  |
| **CHECKLIST FOR CLAIM REQUESTS** |
| **Worksheet as required by 401 KAR 42:250.** | **Payment Verification Affidavit Form DEP6075/03/11.** |
| **Payment has been made for all applicable annual registration fees in accordance with KRS 224.60-160** | **Payment Waiver Form DEP6077/03/11 (as applicable).** |
| **FACILITY OWNER CERTIFICATION** |
| I hereby certify under penalty of law that I am the (mark 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. 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.***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 PARTERNISHIP AUTHORIZED REPRESENTATIVE’S SIGNATURE:** | **UST BRANCH’S PST ELIGIBLE COMPANY #:** | **DATE:** |

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| **FOR STAFF USE ONLY** |
| FILE/CORRE #: ACCOUNT: FRA/PSTA VENDOR ID # CLAIM REQUEST # **AMOUNTS SIGNATURES DATES**AMOUNT OF ENTRY LEVEL:AMOUNT MET: YES/NO $ / / STAFFTOTAL AMOUNT OBLIGATED:$ TOTAL AMOUNT PAID:$ / / BRANCH MANAGERTOTAL ADJUSTMENTS (+/-):$ AMOUNT RECOMMENDED TO BE PAID:$  |
| **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 website at** [**http://waste.ky.gov/ust.**](http://waste.ky.gov/ust) |

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*