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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 $ / /  STAFF  TOTAL AMOUNT OBLIGATED:  $  TOTAL AMOUNT PAID:  $ / /  BRANCH MANAGER  TOTAL 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\*\*