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| **PSTEAF ELIGIBLE COMPANY OR PARTNERSHIP APPLICATION** | | | | | | |
|  | **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**](http://waste.ky.gov/ust) | | **FOR STATE USE ONLY** |
| **I. GENERAL INFORMATION** | | | | | | |
| **To be deemed eligible by the cabinet for reimbursement to perform corrective action at regulated petroleum storage tank facilities, companies and partnerships shall complete and submit this form for initial and renewal of eligibility pursuant to 401 KAR 42:316.** | | | | | | |
| **TYPE OF APPLICANT** | | | | | **TYPE OF APPLICATION** | |
| **□ Company** | | | | | **□ NEW Application** | |
| **□ Partnership** | | | | | **□ RENEWAL/ AMENDED Application**  **USTB Eligibility #** | |
| **APPLICANT INFORMATION** | | | | | **APPLICANT INSURANCE COVERAGE** | |
| **COMPANY OR PARTNERSHIP NAME:** | | | | | **LIST AMOUNT OF COVERAGE MAINTAINED FOR THE FOLLOWING:**   1. **GENERAL LIABILITY: $** 2. **PROFESSIONAL LIABILITY: $** 3. **POLLUTION/PROPERTY COVERAGE: $** | |
| **MAILING ADDRESS:** | | | | |
| **CITY:** | | **STATE:** | | **ZIP CODE:** |
| **TELEPHONE NUMBER:** | **FAX NUMBER:** | | **EMAIL ADDRESS:** | |
| **LEGALLY-AUTHORIZED REPRESENTIVE OR AGENT:** | | | **TELEPHONE NUMBER:** | | **PROVIDE EVIDENCE (LETTER FROM INSURANCE CARRIER, CERTIFICATES, ETC.) OF COVERAGE AS ATTACHMENT(S) TO THIS FORM.** | |
| **II. CAPABILITIES AND SERVICES OFFERED**  **(use the space below to describe capabilities and services offered; attach additional pages, if necessary)** | | | | | | |
| **Capabilities and Services Offered:** | | | | | | |

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| **III. LISTING OF ALL BRANCH OFFICES**  **(Attach additional pages, if necessary)** | | |
| **CONTACT NAMES:** | **COMPLETE MAILING ADDRESS:** | **TELEPHONE NUMBERS:** |
|  | **Street Address:**  **City: State: Zip Code:** |  |
|  | **Street Address:**  **City: State: Zip Code:** |  |
|  | **Street Address:**  **City: State: Zip Code:** |  |
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|  | **Street Address:**  **City: State: Zip Code:** |  |
|  | **Street Address:**  **City: State: Zip Code:** |  |
| **IV. LISTING OF OWNERS, OFFICERS, DIRECTORS AND PRINCIPALS**  **(Attach additional pages, if necessary)** | | |
| **NAMES:** | **COMPLETE MAILING ADDRESS:** | **TELEPHONE NUMBERS:** |
|  | **Street Address:**  **City: State: Zip Code:** |  |
|  | **Street Address:**  **City: State: Zip Code:** |  |
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|  | **Street Address:**  **City: State: Zip Code:** |  |

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| **V. LISTING OF ALL SISTER AND SUBSIDIARY COMPANIES**  **(That will provide services under this certification; attach additional pages, if necessary)** | | | | | | |
| **1. Company Name:** | | | **Contact Name:** | | | |
| **Complete Mailing Address:** | **Street Address: City: State: Zip Code:** | | | **Telephone Number:**  **( ) - Ext.** | | |
| **Type of Services to be Provided:** |  | | | **Estimate Percentage of Service to be Provided on a Project Basis** | | **%** |
| **2. Company Name:** | | | **Contact Name:** | | | |
| **Complete Mailing Address:** | **Street Address: City: State: Zip Code:** | | | **Telephone Number:**  **( ) - Ext.** | | |
| **Type of Services to be Provided:** |  | | | **Estimate Percentage of Service to be Provided on a Project Basis** | | **%** |
| **3. Company Name:** | | | **Contact Name:** | | | |
| **Complete Mailing Address:** | **Street Address: City: State: Zip Code:** | | | **Telephone Number:**  **( ) - Ext.** | | |
| **Type of Services to be Provided:** |  | | | **Estimate Percentage (%) of Service to be Provided on**  **a Project Basis** | | **%** |
| **Complete Mailing Address:** | **Street Address: City: State: Zip Code:** | | | **Telephone Number:**  **( ) - Ext.** | | |
| **VI. PROFESSIONAL ENGINEER/PROFESSIONAL GEOLOGIST** | | | | | | |
| * Professional Engineer or Professional Geologist on staff. * Contracting with a Professional Engineer or Professional Geologist (provide a copy of the contract with this form) | | | | | | |
| **VII. TECHNICAL STAFF**  **(Attach additional pages, if necessary)** | | | | | | |
| **Provide a listing of all technical personnel (including P.E./P.G.) employed by the applicant who will be available to work on corrective action projects. For each individual listed, provide a copy of the current professional.** | | | | | | |
| **Name:** | | **Title:** | | | **Years of Related Experience:** | |
| **Education and Training:** | | | | | | |
| **Anticipated Corrective Action Job Duties:** | | | | | | |

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| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Corrective Action Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Corrective Action Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Corrective Action Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Corrective Action Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Corrective Action Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Corrective Action Job Duties:** | | |

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| **VIII. ADMINISTRATIVE PERSONNEL**  **(Attach additional pages, if necessary)** | | |
| **Provide a listing of personnel employed by the applicant who will provide administrative support to corrective action projects. Such personnel might include clerical, computer, time clerk, payroll and accounting.** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Job Duties:** | | |
| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
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| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
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| **Name:** | **Title:** | **Years of Related Experience:** |
| **Education and Training:** | | |
| **Anticipated Job Duties:** | | |

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| **IX. LISTING OF INSTRUMENTS AND EQUIPMENT**  **(List all equipment owned by the applicant, subsidiary or sister company for the performance of corrective action projects; attach additional pages, if necessary)** | | | |
| **TECHNICAL FIELD INSTRUMENTS:** | **EQUIPMENT:** | **VEHICLES:** | **OTHER MATERIALS:** |
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| **X. AGREEMENT AND AFFIRMATION** | | |
| **A. Applicant agrees that USTB representatives may inspect the records and business premises of the applicant to verify information in this application or to evaluate the applicant’s capabilities?** | | **□ YES □ NO** |
| **B. Applicant holds, in good standing, all licenses, permits and training certifications required to perform corrective action activities in Kentucky?** | | **□ YES □ NO** |
| **C. Has any criminal proceeding or disciplinary action(s) been taken, or is there any enforcement action(s) pending, by any regulatory or law enforcement agency against the applicant, its owners, officers, directors, or principals? If yes, attach a detailed explanation to this form.** | | **□ YES □ NO** |
| **I, THE UNDERSIGNED, 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.** | | |
| **PRINTED NAME OF OWNER, OFFICER, DIRECTOR OR PRINCIPAL:** | **TITLE:** | |
| **SIGNATURE OF OWNER, OFFICER , DIRECTOR OR PRINCIPAL:** | **DATE:** | |
| **Subscribed and sworn to before me by: This the: day of: ,**  **Notary Public**  **Commission State at Large: OR County: My commission expires: / /** | | |
| **If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at 502- 564-5981 or visit our Web site at** [**http://wastek.ky.gov/ust.**](http://wastek.ky.gov/ust) | | |

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

SEAL OPTIONAL

