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| **THIRD-PARTY CLAIM FORM** | | | | | | | | | | |
|  | **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** | | |
| **GENERAL INFORMATION** | | | | | | | | | | |
| **IMPORTANT: To assert a claim for payment for reimbursement of a third-party claim, an eligible owner or operator shall notify the cabinet of the assertion of the third-party claim within twenty-one (21) days of the filing of an action against the owner or operator by the third party, or the receipt of an assertion of a claim in writing by a third party. A third-party claim shall be paid on the basis of a) a final and enforceable judgment; or b) an agreement reviewed and approved by the cabinet. A settlement of a third-party claim shall not be made by an owner or operator without the prior review and approval of the cabinet.**  **An eligible third-party claim asserted against an owner or operator shall be limited to the reimbursement of documented bodily injury and property damage caused by sudden and non-sudden accidental releases into the environment arising from the operation of a regulated petroleum storage tank at a facility eligible for participation in the Financial Responsibility Account (FRA).** | | | | | | | | | | |
| **AGENCY INTEREST #:** | | | **ASSOCIATED OWNER/OPERATOR APPLICATION #:** | | | **THIRD-PARTY COMPLAINT APPLICATION #:** | | | | |
| **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 REPRESENTIVE OR AGENT:** | | **TELEPHONE NUMBER:** | | | **FACILITY FAX NUMBER:** | | **FACILITY E-MAIL ADDRESS:** | | | |
| **ADDITIONAL INFORMATION REQUIRED** | | | | | | | | | | |
| **1. Is there a current Certificate of Registration and Reimbursement Eligibility (CORRE) or Certificate of Eligibility on file for this facility related to this claim?** | | | | | | | | | **YES NO** | |
| **2. If yes, what was the date of issue for this CORRE or Certificate of Eligibility?** | | | | | | | | | **/ /** | |
| **3. If yes, has the owner or operator maintained compliance with the eligibility requirements for FRA?** | | | | | | | | | **YES NO** | |
| **4. Have the costs requested been addressed through corrective action?** | | | | | | | | | **YES NO** | |
| **5. Provide the DATE the cabinet was notified of the assertion of the third-party claim for a) the filing of an action against the Applicant by the third party, OR b) the receipt of an assertion of a claim in writing by a third party.** | | | | | | | | | **/ /** | |
| **6. Is the amount requested limited to actual damage caused by the release from a regulated petroleum storage tank?** | | | | | | | | | **YES NO** | |
| **7. Was prior approval from the cabinet received for the settlement of the third-party claim?** | | | | | | | | | **YES NO** | |
| **ADDITIONAL DOCUMENTATION REQUIRED** | | | | | | | | | | |
| **Attach the cabinet’s prior approval for the settlement of the third-party claim.** | | | | | | | | | | |
| **Attach either the final and enforceable judgment OR the agreement reviewed and approved by the cabinet.** | | | | | | | | | | |
| **AMOUNT REQUESTED $** | | | | | | | | | | |

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| **THIRD-PARTY CLAIM 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 CERTIFY THAT ALL COSTS ARE NECESSARY AND WERE ACTUALLY INCURRED IN THE PERFORMANCE OF CORRECTIVE ACTION. 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 ELIGIBALITY IS IN GOOD STANDING. IN ADDITION, I CERTIFY THE ELIGIBILITY REQUIREMENTS OF 401 KAR 42:250 HAVE BEEN MET AND A RELEASE REQUIRING CORRECTIVE ACTION AT THIS FACILITY HAS OCCURRED AND HAS BEEN REPORTED TO THE CABINET AS REQUIRED BY 401 KAR 42:250, SECTION 2.**  *SIGNATURE REQUIREMENTS: For a 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 municipality, 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:** | |
| **PE/PG’S SIGNATURE:** | **PE/PG’S #:** | **DATE:** |
| **ELIGIBLE COMPANY OR PARTNERSHIPS AUTHORIZED REPRESENTATIVE’S SIGNATURE:** | **UST BRANCH’S PST ELIGIBLE COMPANY OR PARTNERHSIP #:** | **DATE:** |
| **FOR STAFF USE ONLY:**  File/CORRE #: 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(+/-): $  **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 USTB 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\*\*