
Filing Your Application

When you file your application to the Fund, staff's first action is to determine whether it meets specific requirements governed by law. The information you provide establishes the working basis from which the Fund determines your eligibility and your priority relative to others seeking reimbursement for corrective action costs.

You can help the review process by making certain your application contains accurate and complete information. By doing so, you will be taking the first step toward ensuring that the Fund can approve your application and begin the reimbursement process in an expedited manner. Common mistakes that delay application approval and slow the review process include:

- ✓ Failure to include documents needed to make an appropriate decision of eligibility.
- ✓ The submission of inconsistent information.
- ✓ Failure to meet general application requirements.

You should read and understand the instructions in this booklet before you attempt to complete your claim application. If you need additional advice as you fill out the application, Fund staff are available at (800) 813-FUND.

Your application must be typed or clearly printed. Attach additional pages as necessary. You should keep a copy of all forms and supporting documentation you submit for your records. Claim applications may not be submitted by facsimile or through other electronic means. You may hand-deliver your completed application to:

State Water Resources Control Board
Division of Financial Assistance
UST Cleanup Fund Program
1001 I Street, 17th Floor
Sacramento, CA 95814

or mail it to:

State Water Resources Control Board

Division of Financial Assistance
UST Cleanup Fund Program
P. O. Box 944212
Sacramento, CA 94244-2120

The information contained in the following instructions is provided for guidance in filing applications and is not a complete statement of the law. Statutory information is contained in the California Code of Regulations (Petroleum Underground Storage Tank Cleanup Fund), Title 23, Division 3, Chapter 18, Article 3.

Application Instructions

Instructions for completing the UST Cleanup Fund claim application are contained in the following pages. Each application section is illustrated and the instructions for that section follow.

| |
|--------------------------------|
| Claimant Identification |
|--------------------------------|

(On Page 1, Section 1)

This section must be completed to identify the claimant of the application to the Fund.

| CLAIMANT IDENTIFICATION | | |
|-------------------------------|---|---|
| THIS CLAIM IS BEING FILED BY: | <input type="checkbox"/> UST OWNER | <input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR |
| CLAIMANT NAME | | |
| MAILING ADDRESS | | |
| CITY | STATE | ZIP CODE |
| CONTACT PERSON | TELEPHONE NO. | FAX NO. |
| CLAIMANT STATUS (CHECK ONE): | <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER |
| TAX IDENTIFICATION NO. | | |

Check the appropriate box to indicate if the claimant is the owner, operator, or both, of the petroleum UST(s) which is the subject of the claim. List the claimant's name, mailing address, telephone number where the claimant can be contacted during normal business hours, and a fax number, if available. If this claim is being filed jointly, the name in this section will be considered the primary claimant and will receive all correspondence.

List the name of a contact person who can answer any questions regarding the claim or the site. Check the appropriate box to indicate the status of the claimant. If the claimant is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the claimant is a corporation, partnership, estate or trust, enter its Federal Employer Identification Number (FEIN) in this section. All payments from the Fund will be reported to the IRS and the Franchise Tax Board.

Joint Claimant

(On Page 1, Section 2)

Complete this section only if this claim is being filed jointly by more than one UST owner or operator.

| JOINT CLAIMANT | | |
|---|---------------------------------------|------------------------|
| JOINT CLAIMANT NAME | | |
| MAILING ADDRESS | TELEPHONE NO. | |
| CITY | STATE | ZIP CODE |
| JOINT CLAIMANT IS <input type="checkbox"/> UST OWNER | <input type="checkbox"/> UST OPERATOR | TAX IDENTIFICATION NO. |
| JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER | | |
| JOINT CLAIMANT NAME | | |
| MAILING ADDRESS | TELEPHONE NO. | |
| CITY | STATE | ZIP CODE |
| JOINT CLAIMANT IS <input type="checkbox"/> UST OWNER | <input type="checkbox"/> UST OPERATOR | TAX IDENTIFICATION NO. |
| JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER | | |

Joint claimants are subject to the same eligibility requirements as primary claimants. When joint claims are submitted, the priority class for the claim is based on the lowest priority appropriate for any claimant.

Joint claims must be signed by all claimants and all commitments and checks for reimbursement will be issued in the names of both the primary claimant and the joint claimants.

List the joint claimant(s) name, mailing address, and telephone number where the joint claimant can be contacted during normal business hours. Check the appropriate box to indicate if the joint claimant is the UST owner or operator. If the joint claimant is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the joint claimant is a corporation, partnership, estate or trust, enter its FEIN in this section.

Co-Payee*(On page 1, Section 3)*

UST owners and operators can designate a representative who has advanced funds for cleanup as a co-payee. Representatives are usually insurance companies and lending institutions. A copy of the financial agreement between the co-payee and the primary claimant must be submitted with the application. All payments will be issued jointly to the claimant and the co-payee.

| CO-PAYEE | |
|-------------------------------|------------------------|
| CO-PAYEE NAME | |
| BUSINESS NAME (IF APPLICABLE) | TAX IDENTIFICATION NO. |
| MAILING ADDRESS | TELEPHONE NO. |
| CITY | STATE ZIP CODE |

List the name of the co-payee, their business name and mailing address, and a telephone number where the co-payee can be contacted during normal business hours. If the co-payee is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the co-payee is a corporation, partnership, estate or trust, enter the FEIN in this section.

Estimate of Costs*(On page 1, Section 4)*

Only reasonable and necessary corrective action costs will be reimbursed by the Fund. Refer to the Fund's Cost Guidelines and the UST Cleanup Fund Regulations for a list of non-reimbursable costs.

| ESTIMATE OF COSTS | |
|--|----------|
| A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK: | \$ _____ |
| B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK: | \$ _____ |
| C. ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK: | \$ _____ |
| D. THIRD PARTY COMPENSATION COSTS: | \$ _____ |
| E. TOTAL: | \$ _____ |

List the eligible corrective action costs incurred for work performed prior to the date of the submittal of the claim application. Supporting documentation such as invoices, contracts, bids and canceled checks, should not be sent with the application. List the estimated eligible costs that will be necessary to complete the corrective action work currently underway. List the estimated future costs to complete the corrective action. These costs should be based on the best available estimates. If applicable, list any Third Party Compensation costs being claims. Then enter the total of all eligible estimated costs.

Contaminated Site Description

(On page 2, Section 1)

This section is used to identify the site where the unauthorized release from a petroleum UST that is the subject of the claim occurred. The claimant must provide information on all USTs that are/were on the contaminated site.

| CONTAMINATED SITE DESCRIPTION | | | | |
|---|--|--|--|--------------------------------------|
| SITE NAME _____ | | | | |
| SITE ADDRESS _____ | | | | |
| CITY _____ | STATE _____ | ZIP _____ | COUNTY _____ | COUNTY CODE _____ |
| SITE TYPE | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> FARM | <input type="checkbox"/> OTHER _____ |
| DESCRIPTION OF UST USE | <input type="checkbox"/> RESIDENTIAL MOTOR FUEL | <input type="checkbox"/> RESIDENTIAL HEATING OIL | <input type="checkbox"/> COMMERCIAL HEATING OIL | |
| | <input type="checkbox"/> AGRICULTURAL MOTOR FUEL | <input type="checkbox"/> RETAIL SALE | <input type="checkbox"/> OTHER _____ | |
| DATE RELEASE DISCOVERED _____ | DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED CLEANUP DIRECTIVES _____ | | DATE CORRECTIVE ACTION WAS INITIATED _____ | |
| HAS CORRECTIVE ACTION BEEN COMPLETED? | | | DID RELEASE REQUIRE AN EMERGENCY RESPONSE? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes DATE COMPLETED _____ | | | <input type="checkbox"/> No <input type="checkbox"/> Yes (EXPLAIN BELOW) | |

List the name of the site, or a description such as "vacant lot" or "residence". List the site address, city, and county. The county code can be found in Section VI of this booklet. Check the appropriate box to identify the site type and the description of the use of the UST that is the subject of the claim. Check more than one if the site is used for more than one purpose, such as farm and residential. If there have been changes in the use of this property since 1985, please describe these changes in the section provided for the narrative or attach an explanation to your application.

List the date on which the unauthorized release was discovered and the date that the regulatory agency confirmed the release by issuing cleanup directives. List the date that corrective action was initiated. This does not include the detection, confirmation or reporting of the unauthorized release, or the repair, upgrade, replacement or removal of the UST or its associated equipment. If corrective action has been completed, list the date of completion. If the release required an emergency response, give an explanation in the narrative section or attach an explanation to your application.

Site Map

(On page 3, Section 1)

A site map drawn to scale must be attached to the claim application. The map must include a north arrow and distances relative to the nearest public roads.

SITE MAP

ATTACH A SITE MAP DRAWN TO SCALE, WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.

Regulatory Agency

(On page 3, Section 2)

A regulatory agency has the authority to regulate underground storage tanks, and is responsible for overseeing the cleanup of contaminated soil and groundwater. Regional water quality control boards and city or county agencies are regulatory agencies. Listing of regional boards and city and county agencies can be found in Section VI of this booklet.

REGULATORY AGENCY

LOCAL UST PERMITTING AGENCY

REGIONAL WATER QUALITY CONTROL BOARD (RWQCB)

REGION CODE #:

LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP

(1) RWQCB

(2) LOCAL AGENCY

(3) JOINT

LEAD AGENCY CONTACT PERSON

TELEPHONE NO.

List the name of the local UST permitting agency and the regional water quality control board with jurisdiction over the site that is the subject of the claim. List the Region Code referring to Section VI for the number. Check the appropriate box to indicate the agency providing the oversight of the cleanup, and list the name of the contact person at the agency and their telephone number.

Site History

(On page 3, Section 3)

The site history section is to be completed to the best of the claimant's knowledge identifying all past and current property owners, UST owners and operators.

SITE HISTORY

IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS ALSO THE PROPERTY OWNER,
LIST THE DATE THE SITE WAS ACQUIRED

MONTH _____ DAY _____ YEAR _____

| | | | |
|--|--|---------------------|----------------------|
| IF SITE WAS ACQUIRED AFTER 1/1/84, IDENTIFY PERSON(S) FROM WHOM THE SITE WAS ACQUIRED. | | | |
| NAME _____ | | TELEPHONE NO. _____ | |
| ADDRESS _____ | | _____ | |
| IF SITE HAS BEEN SOLD, LIST PARTY(IES) TO WHOM IT WAS SOLD AND THE DATE SOLD: | | | |
| NAME _____ | | MONTH _____ | DAY _____ YEAR _____ |
| ADDRESS _____ | | TELEPHONE NO. _____ | |
| _____ | | _____ | |
| IF CLAIMANT IS FILING AS UST OPERATOR ONLY, LIST DATES OF OPERATION: FROM: _____ TO: _____ | | | |

If the claimant, identified on Page 1 of the claim application, is filing as the UST owner or operator AND the owner of the property which is the subject of the claim, list the date the site was acquired. If the site was acquired after January 1, 1984, list the person(s) from whom the property was acquired and, if the site has been sold, list the person(s) to whom it was sold and the date it was sold. If the claimant, as identified on Page 1 of the claim application is filing ONLY AS THE UST OPERATOR, list the date the claimant began operations and the date operations ceased.

| PROVIDE THE FOLLOWING HISTORY OF THE PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE. AT A MINIMUM, PROVIDE INFORMATION FROM THE DATE OF UNAUTHORIZED RELEASE DISCOVERY TO THE TIME OF THIS APPLICATION SUBMITTAL. | | | |
|--|-----------------------|------------------|---------------------|
| <u>TIME PERIOD</u> | <u>PROPERTY OWNER</u> | <u>UST OWNER</u> | <u>UST OPERATOR</u> |
| FROM: _____ | NAME _____ | NAME _____ | NAME _____ |
| TO: _____ | ADDRESS _____ | ADDRESS _____ | ADDRESS _____ |
| FROM: _____ | NAME _____ | NAME _____ | NAME _____ |
| TO: _____ | ADDRESS _____ | ADDRESS _____ | ADDRESS _____ |
| FROM: _____ | NAME _____ | NAME _____ | NAME _____ |
| TO: _____ | ADDRESS _____ | ADDRESS _____ | ADDRESS _____ |
| FROM: _____ | NAME _____ | NAME _____ | NAME _____ |
| TO: _____ | ADDRESS _____ | ADDRESS _____ | ADDRESS _____ |

Provide the name and address of all property owners, UST owners and operators of the site that is the subject of the claim. At a minimum, provide information from the date of discovery of the unauthorized release to the time the claim application is submitted.

**Non-Recovery
From Other
Sources
Disclosure**

(On page 4, Section 1)

This section must be completed to enable the Fund to make a determination of any possible double payment. If there is, or has ever been an insurance policy covering this site, check the "Yes" box.

INSURANCE

| | | |
|---|-----------------------------|------------------------------|
| A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| IF YES, LIST THE COMPANY NAME, ADDRESS, POLICY NUMBER, NAME AND TELEPHONE NUMBER OF THE CLAIM REPRESENTATIVE FOR EACH POLICY. | | |
| COMPANY NAME | ADDRESS | |
| REPRESENTATIVE NAME | TELEPHONE NO. | POLICY NO. |
| COMPANY NAME | ADDRESS | |
| REPRESENTATIVE NAME | TELEPHONE NO. | POLICY NO. |
| B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? | | |
| | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF THE LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY. | | |

List the company name, address, policy number, and the name and telephone number of the claim representative for each policy. If you have filed, or intend to file, a claim with the insurance company, check the "Yes" box, and attach an explanation of the status of the claim and copies of the latest correspondence between the claimant and the insurance carrier regarding the claim.

LITIGATION

| | | | |
|---|-----------------------------|------------------------------|----------------|
| A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY FROM ANY OTHER PARTY FOR THE UNAUTHORIZED RELEASE OR THE CONTAMINATED SITE? | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| IF YES, IDENTIFY THE PARTY(IES) BELOW LISTING NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE. | | | |
| NAME | ADDRESS | TELEPHONE | REPRESENTATIVE |
| | | | |
| | | | |
| B. HAS LEGAL ACTION COMMENCED | | | |
| | NO <input type="checkbox"/> | YES <input type="checkbox"/> | IF YES, |
| PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED. | | | |
| ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT. CASE No. _____ COUNTY _____ | | | |

If you have sought, or intend to seek, money from any other party potentially responsible for the unauthorized release, check the "Yes" box and identify the parties. If any legal action has commenced, check the "Yes" box and provide the case number and county in which the action has been filed. Attach a copy of the complaint and any subsequent amendments.

OTHER SOURCE OF FUNDS

| | | | | |
|--|---|-----------------------------|------------------------------|--------|
| A. | HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED, OR DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE, FUNDS FROM ANY SOURCE (INCLUDING BUT NOT LIMITED TO INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS HOW THE FUNDS WERE CHARACTERIZED WHICH WERE RELATED TO OR PAID IN CONSIDERATION OF THE UNAUTHORIZED RELEASE SUBJECT TO THE CLAIM? | <input type="checkbox"/> NO | YES <input type="checkbox"/> | |
| IF YES , ATTACH COPIES OF ALL SUCH DOCUMENTS AND LIST EACH SOURCE OF FUNDS AND AMOUNT: | | | | |
| | DATE | SOURCE | IN PAYMENT OF | AMOUNT |
| _____ _____ _____ | | | | |
| B. | HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE CONTAMINATION BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION WHICH IS THE SUBJECT OF THIS CLAIM? | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| IF YES , SUBMIT DOCUMENTATION SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER DOCUMENT THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED. | | | | |
| C. | ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED? IF YES , ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED. | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |

If the claimant has received, or expects to receive, funds from any source which were related to or paid in consideration of the unauthorized release, check the "Yes" box and list the source of each payment and the amount. If any money received, or to be received, was for purposes other than the costs of the cleanup, submit documentation (settlement agreement, pleading, judgments or any other documentation that identifies the purpose for which the money was received) in support of that fact. If the claimant is obligated to repay any part of the funds, check the "Yes" box and attach documentation indicating what is to be repaid.

NOTE: With your signature(s) on the last page of this Claim Application, authorization is hereby granted to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this claim.

By placing your signature on the last page of the claim application, you are granting authorization to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the insurance carrier identified in the claim application. This information will be used for the purposes of eligibility determination regarding the claim.

Priority Class Worksheet

(On page 5, Section 1)

The claimant is to complete the Priority Class Worksheet section for the appropriate priority that the claimant is requesting. A complete description of each priority class and its requirements is contained in the program information section of this booklet.

| PRIORITY CLASS WORKSHEET | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| PRIORITY CLASS OF CLAIMANT | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| PRIORITY CLASS OF JOINT CLAIMANT | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| NAME OF JOINT CLAIMANT _____ | | | | | | | | |
| PRIORITY CLASS OF JOINT CLAIMANT | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| NAME OF JOINT CLAIMANT _____ | | | | | | | | |
| PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| NAME OF UST OWNER _____ | | | | | | | | |
| PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OR RELEASE | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| NAME OF UST OPERATOR _____ | | | | | | | | |
| PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| NAME OF UST OWNER _____ | | | | | | | | |
| PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |
| NAME OF UST OPERATOR _____ | | | | | | | | |
| PRIORITY CLASS BEING CLAIMED FOR THIS CLAIM APPLICATION | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D |

Check the box to indicate the priority class for which the claimant is eligible. List the names of any joint claimants, as identified on page one of the claim application, and the priority class for which each joint claimant is eligible.

List the name and indicate the appropriate priority class of the UST owner at the time of the discovery of the unauthorized release. List the name and indicate the appropriate priority class of the UST operator at the time of the discovery of the unauthorized release. List the name and indicate the appropriate priority class of the UST owner at the time of submitting the claim application. List the name and indicate the appropriate priority class of the UST operator at the time of submitting the claim application.

Once all of the information for the Priority Class Worksheet has been completed, a determination can be made as to the claimant's appropriate priority class.

The priority class is based on the lowest priority appropriate for any claimant including any joint claimants and for UST owners and operators at the time of discovery of the unauthorized release, and UST owners and operators at the time of application, unless the claimant can demonstrate that such treatment would be inconsistent with the priority scheme as mandated by H&SC Section 25299.52(b).

If the claimant meets all requirements and is eligible to be placed in Priority Class A, this section is to be completed.

**Priority Class
A
Residential**
(On page 5, Section 2)

| | |
|---|--|
| PRIORITY CLASS A - RESIDENTIAL | |
| CHECK THIS BOX IF THE UST CONTAINS HOME HEATING OIL AND MEETS ALL CRITERIA FOR PRIORITY CLASS A. <input type="checkbox"/> | CHECK THIS BOX IF THE UST CONTAINS PETROLEUM AND MEETS ALL CRITERIA FOR PRIORITY CLASS A. <input type="checkbox"/> |

Check the first box if the UST that is the subject of the claim contains home heating oil and meets all of the following criteria:

- ✓ The UST was located at the claimant's residence at the time of discovery of the unauthorized release;
- ✓ The residence was an owner-occupied singled family dwelling or duplex at the time of the discovery of the unauthorized release;
- ✓ The UST has a capacity of 1,100 gallons or less, and stores home heating oil for consumptive use on the premises where stored;
- ✓ The UST is not located on property that was used for agricultural purposes on or after January 1, 1985;
- ✓ The UST is not a farm tank and has not been used on or after January 1, 1985 for agricultural purposes.

Check the second box if the UST that is the subject of the the claim contains petroleum and meets all of the following criteria:

- ✓ The UST is located on property that was used exclusively for residential purposes at the time of discovery of the unauthorized release;
- ✓ The UST was located at the residence of the claimant at the time of the discovery of the unauthorized release;
- ✓ The residence was an owner-occupied single family dwelling or duplex at the time of the discovery of the unauthorized release;
- ✓ The UST is not a farm tank and has not been used on or after January 1, 1985 for agricultural purposes.

If the claimant meets all requirements and is eligible to be placed in Priority Class B as a small business, check the box and complete this section.

**Priority Class
B
Small
Business**
(On page 5, Section 3)

| PRIORITY CLASS B - SMALL BUSINESS | | | |
|---|-----------------|---|-----------------------------|
| <input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS. COMPLETE THE FOLLOWING INFORMATION. | | | |
| BUSINESS NAME | | | |
| BUSINESS ADDRESS | | | |
| BUSINESS DESCRIPTION | | DATES OF OPERATION FROM _____ To _____ | |
| TYPE OF BUSINESS <input type="checkbox"/> SERVICE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> NON-MANUFACTURER | | INDUSTRY GROUP/LICENSE TYPE | MAX. RECEIPT AMT. |
| TYPE OF OWNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____ | | | |
| IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| AFFILIATED COMPANIES | | | |
| <u>NAME</u> | <u>LOCATION</u> | <u>RELATIONSHIP</u> | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

List the claimant's business name and address. Give a description of the business, such as a "gas station" or "real estate". List the date when business operations began and, if no longer in operation, list the date the business ceased operations. Check the appropriate box to indicate the category for this type of business.

Using Section V, Gross Revenue Chart, specify the industry group license type for the claimant's business and maximum receipt amount for that business. Check the

appropriate box to indicate the claimant's type of ownership, and check the appropriate box in response to the two questions concerning the business. List the name, location and relationship of all affiliated companies or other income producing units such as a parent company, subsidiary, franchise, or branch.

NOTE: Only one industry from the Gross Revenue Chart can be used. For example, the owner or operator of a service station would identify the type of business as non-manufacturer, Industry Group xxxv (Petroleum Products), with a maximum receipts amount for 3 years of \$21,000,000. Another example would be where the claimant is the owner of a UST located on property which has been leased or rented or otherwise held for profit, and where the owner or operator has not operated any business at the site on or after the date of the release, the type of business would be identified as Service, Industry Group ix (1) (Real Estate Operators), with a maximum receipts amount for 3 years of \$3,000,000.

This section is to be completed if the claimant meets all requirements to be placed in Priority Class B as a local governmental entity or a nonprofit organization.

**Priority Class B
Local
Governments &
Nonprofit
Organizations**

(On page 6, Section 1)

| PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS | | | |
|---|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION. | | | |
| CLAIMANT STATUS | <input type="checkbox"/> CITY | <input type="checkbox"/> COUNTY | <input type="checkbox"/> LOCAL DISTRICT |
| | <input type="checkbox"/> NONPROFIT | TOTAL ANNUAL REVENUES | FISCAL YEAR ENDING |
| | | \$ _____ | |

Check the appropriate box to indicate the claimant's type of entity. List total annual revenues and identify the last fiscal year for which annual revenues were calculated.

**Priority Class C
Other Business**

(On page 6, Section 2)

If the claimant meets all requirements and is eligible to be placed in Priority Class C, check the box and complete this section.

| PRIORITY CLASS C - OTHER BUSINESS | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION.. | | | |
| BUSINESS NAME | | TOTAL NO. OF EMPLOYEES _____ | |
| BUSINESS ADDRESS | | | |
| BUSINESS DESCRIPTION | | DATES OF OPERATION FROM _____ To _____ | |
| TYPE OF OWNERSHIP | | | |
| <input type="checkbox"/> SOLE OWNER | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____ |
| IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? | | <input type="checkbox"/> YES | <input type="checkbox"/> No |
| IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? | | <input type="checkbox"/> YES | <input type="checkbox"/> No |

List the claimant's business name and address, and enter the total number of full time and part time employees. Give a description of the business such as a "gas station" or "real estate". List the date when business operations began and, if no longer in operation, list the date the business ceased operations. Check the appropriate box to indicate the category for this type of business. Check the appropriate box to indicate the claimant's type of ownership, and check the appropriate box in response to the two questions concerning the business.

This section is to be completed if the claimant meets all requirements to be placed in Priority Class C as a local governmental entity or a nonprofit organization.

**Priority Class C
Local
Governments &
Nonprofit
Organizations**

(On page 6, Section 3)

| PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS | | | |
|---|---------------------------------|---|------------------------------------|
| <input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION. | | | |
| CLAIMANT STATUS | | TOTAL NO. OF EMPLOYEES _____ | |
| <input type="checkbox"/> CITY | <input type="checkbox"/> COUNTY | <input type="checkbox"/> LOCAL DISTRICT | <input type="checkbox"/> NONPROFIT |

Check the appropriate box indicating the claimant's type of entity. List the total number of employees, both full and part time.

**Priority Class D
All Other UST
Owners &
Operators**

(On page 6, Section 4)

**Financial
Responsibility**

(On page 6, Section 5)

This section is to be completed if the claimant does not meet any of the requirements for the other priority classes. No further priority class information is needed for application to this class.

PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

All claimants must be in compliance with applicable financial responsibility requirements to undertake corrective action and compensate third parties for bodily injury and property damage. Refer to the Fund's Financial Responsibility Guidelines for a complete description of financial responsibility requirements.

FINANCIAL RESPONSIBILITY

CHECK THIS BOX IF EXEMPT FROM FINANCIAL RESPONSIBILITY.

BASIS FOR EXEMPTION:

RESIDENTIAL UST WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE

UST FOR STORING HEATING OIL USED ON-SITE

ALL USTs OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE (BELOW) AND NOT REPLACED

OTHER _____

CHECK THIS BOX IF REQUIRED TO PROVIDE FINANCIAL RESPONSIBILITY AND ATTACH A COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY".

COMPLIANCE DATE: JANUARY 24, 1989 OCTOBER 26, 1990 APRIL 26, 1991 DECEMBER 31, 1993 FEBRUARY 18, 1994

MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING STATE FUND, INDICATE MECHANISM FOR PROVIDING REQUIRED DEDUCTIBLE.

- | | | | | |
|--|---|---|---|---|
| (1) <input type="checkbox"/> TRUST FUND | (2) <input type="checkbox"/> SURETY BOND | (3) <input type="checkbox"/> GUARANTEE | (4) <input type="checkbox"/> SELF INSURANCE | (5) <input type="checkbox"/> LETTER OF CREDIT |
| (6) <input type="checkbox"/> INSURANCE COVERAGE | (7) <input type="checkbox"/> RISK RETENTION GROUP | (8) <input type="checkbox"/> STATE FUND | (9) <input type="checkbox"/> CHIEF FINANCIAL OFFICER LETTER | (10) <input type="checkbox"/> BOND RATING TEST (GOV'T AGENCY) |
| (11) <input type="checkbox"/> FUND BALANCE TEST (GOV'T AGENCY) | (12) <input type="checkbox"/> WORKSHEET TEST (GOV'T AGENCY) | (13) <input type="checkbox"/> GOVERNMENT GUARANTEE (GOV'T AGENCY) | (14) <input type="checkbox"/> OTHER _____ | |

Check the first box of this section only if the claimant is not subject to financial responsibility requirements and identify the basis for this exemption. Check the second box in this section if the claimant was required to maintain financial responsibility and indicate the date by which the claimant was subject to this requirement (refer to the Financial Responsibility Guide for further details). A copy of your Certificate of Financial Responsibility must be attached to the application. In the next area, indicate which mechanisms are being used to demonstrate financial responsibility. If the claimant is using the Fund, indicate which mechanism is being used to cover the required deductible.

Claimant Certification

(On page 7, Section 1)

It is extremely important that the claimant and all joint claimants carefully read and fully understand all statements and declarations contained in this section. If the claimant, or any joint claimant, knows that any statement or declaration in this section is untrue, the claimant may be disqualified from the Fund.

CLAIMANT CERTIFICATION

CLAIMANT(S) HEREBY CERTIFY THAT:

1. CLAIMANT(S) IS (ARE) THE OWNER OR OPERATOR OF AN UNDERGROUND STORAGE TANK FROM WHICH THERE HAS BEEN AN UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM WITH THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC). CLAIMANT(S) IS (ARE) ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT(S) OBTAINED ANY PERMITS REQUIRED UNDER CHAPTER 6.7 OF THE H&SC OR FILED SUBSTANTIALLY COMPLETE APPLICATIONS FOR ANY REQUIRED PERMITS ON OR BEFORE JANUARY 1, 1990, OR REQUESTED THE SWRCB TO WAIVE THIS REQUIREMENT AS A CONDITION OF ELIGIBILITY.
4. CLAIMANT(S) IS (ARE) IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. FOR COSTS CLAIMED WHICH WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT(S) WAS:
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND TITLE 42, CHAPTER 82, SUBCHAPTER IX OF THE U.S. CODE AND FEDERAL REGULATIONS ADOPTED PURSUANT THERETO; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
6. FOR COSTS CLAIMED WHICH WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT(S):
 - (A) IS (ARE) IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.75, ARTICLE 4 OF THE H&SC AND IMPLEMENTING REGULATIONS;
 - (B) HAS (HAVE) NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT;
 - (C) IS (ARE) PERMITTED OR REQUIRED TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
7. IF CLAIMANT(S) WAS (WERE) AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT(S) INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
8. CLAIMANT(S) DOES (DO) NOT KNOW OF ANY FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
9. CLAIMANT(S) FULLY UNDERSTAND(S) THAT THE SWRCB, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON(S) RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
10. CLAIMANT(S) UNDERSTAND(S) THAT ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION WILL BE RETAINED FOR A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS WILL BE MADE AVAILABLE TO THE SWRCB OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
11. CLAIMANT(S) UNDERSTAND(S) THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE SWRCB OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE STATE FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

**Claimant
Verification &
Signature**

(On page 7, Section 2)

All claimants, including any joint claimants, must sign and date the claim application. Use additional copies of the signature page if necessary.

CLAIMANT VERIFICATION AND SIGNATURE

As the undersigned claimant(s) to the UST Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this claim application are true and correct to the best of my (our) knowledge and belief.

EXECUTED AT _____

ON THIS _____ DAY OF _____ 19 _____

CLAIMANT SIGNATURE _____

CLAIMANT PRINTED NAME _____

JOINT CLAIMANT SIGNATURE _____

JOINT CLAIMANT PRINTED NAME _____

If the claimant has authorized a representative to submit documents and sign on the claimant's behalf, the claimant must submit a completed "Authorized Representative Designation Form" with the claim application. This form is contained in Section III of this package.

All signatures must be original; no reproduced or copied signatures will be accepted on the application.