UNDERGROUND STORAGE TANK *Cleanup Fund* CLAIM APPLICATION

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF FINANCIAL ASSISTANCE
REVISED JANUARY 2008

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About The Claim Application and Instructions

The Underground Storage Tank (UST) Cleanup Fund (Fund) Claim Application has been designed to help in the determination of your eligibility for reimbursement from the Fund. The instructions to the application follow the arrangement of the application section by section and provide information about items that may not be self-explanatory.

If you have questions regarding your eligibility, would like to obtain copies of the Fund's other publications, or need further assistance in completing the application, contact the Fund by calling our Information Line at 1-800-813-FUND or visit our website at: http://www.waterboards.ca.gov/cwphome/ustcf/.

Before proceeding with your claim application, read the Fund's accompanying Program Summary describing the eligibility requirements.

All reimbursements from the Fund are reported to the Internal Revenue Service (IRS) and the Franchise Tax Board under the primary claimant's Tax Identification Number (TIN). If this claim is being filed jointly, the first name listed in section 1, "Claimant Identification," is the primary claimant and will receive all correspondence.

Submitting Your Application

After you submit your application to the Fund, the Fund will determine whether your claim meets the specific legal requirements to be eligible for reimbursement from the Fund. The Fund uses the information you provide to determine your eligibility and your priority relative to others seeking reimbursement for corrective action costs.

You can help the review process by making sure your application contains accurate and complete information.

To avoid delays in the processing of your claim application:

- ✓ Clearly type or print all information.
- ✓ Sign and date the application where indicated.
- ✓ Make sure that your application form is thoroughly completed.
- ✓ Attach all necessary documentation to support your application for eligibility and priority. (See Claim Application Checklists.)
- ✓ Make a copy of the complete application (including any attachments) for your files.

Where to mail your Claim Application -

Send the original signed application with one copy of each supporting document to:

State Water Resources Control Board
Division of Financial Assistance
UST Cleanup Fund Program
1001 I Street, Sacramento, California 95814
P.O. Box 944212
Sacramento, California 94244-2120

To confirm delivery, the Fund suggests claimants mail their applications certified, return receipt requested. Applications may not be submitted by facsimile or through electronic means.

☑ **NOTE:** The information contained in the following instructions is provided for guidance in submitting applications and is not a complete statement of the law. Applicable statutes and regulations are found in Chapter 6.75 of Division 20 of the California Health and Safety Code (H&SC) and California Code of Regulations (CCR), Title 23, Division 3, Chapter 18 (Fund regulations).

CLAIMANT/JOINT CLAIMANT IDENTIFICATION

DOCUMENTS NEEDED TO SUPPORT CLAIMANT/JOINT CLAIMANT'S ENTITY TYPE.

The table below lists the documents required to verify the claimant/joint claimants' entity type and should be used when completing sections 1 and 2 of the claim application.

Claimants/joint claimants please note the following:

- **In completing sections 1 and 2 of the claim application, you are certifying that the name provided is the claimant/joint claimant's full legal name and the Social Security Number (SSN) or Employer Identification Number (EIN) is the claimant/joint claimant's TIN.**
- **If you change your name, entity type, and/or TIN after submitting your application, you must notify the Fund immediately to determine the impact on your claim eligibility.**
- **If you do business under any name other than your legal name, submit a copy of your Fictitious Business Name Statement filed with the county.**

ENTITY TYPE TABLE

ENTITY TYPE	DOCUMENTATION REQUIRED TO SUPPORT ENTITY TYPE
Individual/Sole Proprietor	Copy of federal tax return form 1040 (Schedule C).
Trust	A copy of the Declaration of Trust or Trust Agreement.
Corporation	A copy of the corporation's Bylaws or Articles of Incorporation. In addition, a non-profit public benefit corporation must submit a copy of the most recent annual fiscal report filed with the Registry of Charitable Trusts or other documentation to demonstrate its annual revenue.
General Partnership	A copy of your partnership's written agreement. If there is no written agreement, provide a written statement with all partners' signatures, stating that there is no written agreement.
Limited Partnership	A copy of the Certificate of Limited Partnership filed with the Secretary of State's Office.
Limited Liability Partnership	A copy of your partnership agreement.
Limited Liability Company	Articles of Organization or an Application for Registry.
Estate	Letters Testamentary or Letters of Administration, naming the current administrator or executor of the estate.

UNDERGROUND STORAGE TANK CLEANUP FUND CLAIM APPLICATION

Revised January 2008

☑ **NOTE:** The following pages contain the USTCF Claim Application. These pages are perforated for your convenience.

Please mail completed applications to:

State Water Resources Control Board
Division of Financial Assistance
UST Cleanup Fund Program
1001 I Street, Sacramento, California 95814
P.O. Box 944212
Sacramento, California 94244-2120

If you need assistance in completing the application, contact the Fund by calling our Information Line at **1-800-813-FUND**.

SECTION 1 - CLAIMANT IDENTIFICATION

Complete the entire section listing the following information:

Line 1 Indicate whether you are filing as the UST owner, UST operator, or both.

Line 2 Enter your Board of Equalization Number, if any. For additional information visit the Board of Equalization's website at www.boe.ca.gov or call 1-800-400-7115.

Line 3 Enter the legal name of the claimant (individual or entity) exactly as is it appears on federal tax return forms or other applicable legal document. (See the Eligible Owner/Operator of the UST Requirement section in the Program Summary for details.) **If you are filing as a married couple, both husband and wife must sign all Fund claim documents.**

Line 4 Complete line 4 only if doing business under a name other than the entity's legal name and provide a copy of your Fictitious Business Name Statement filed with the county.

Lines 5-8 Enter your mailing address.

Line 9 Enter the name of the person or company where all correspondence should be sent (e.g., J&J, Inc.).

Line 10 Enter the name of the person to whom all correspondence should be directed.

Lines 11-13 Enter the claimant's telephone number, fax number, and e-mail address.

Line 14 Complete line 14 only if you want to designate another person who can answer any questions regarding the application and/or the site.

Line 15 Enter the contact person's position/title (e.g., President, General Manager, etc.).

Lines 16-18 Enter the contact person's daytime telephone number, fax number, and e-mail address.

Line 19 Check the appropriate box(es) to indicate your entity type and enter the TIN for that entity. The TIN provided must exactly match the claimant name given on Line 3. Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must list their SSN as their TIN. The TIN for all other entities is the entity's EIN. See page ii for a list of documents required in order to verify your entity type.

☑ **NOTE: Failure to provide the requested information will result in denial of your application. The TIN provided will be used by the State solely for the purpose of identifying the recipient of USTCF funds. Any private information provided will only be used for the purposes for which it was provided and will not be shared with another entity, except as prescribed by law.**

FOR STATE USE ONLY

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
Division of Financial Assistance
Underground Storage Tank Cleanup Fund
P.O. Box 944212
Sacramento, CA 94244-2120

UNDERGROUND STORAGE TANK CLEANUP FUND CLAIM APPLICATION

Claim No.:	
Date Received:	
Priority:	Region:
Deductible:	

SECTION 1 - CLAIMANT IDENTIFICATION

1. CLAIMANT IS FILING AS: ☐ UST OWNER ☐ UST OPERATOR ☐ UST OWNER & OPERATOR

2. BOARD OF EQUALIZATION NO.

3. CLAIMANT NAME

4. DOING BUSINESS AS (DBA) (IF APPLICABLE)

5. MAILING ADDRESS

6. CITY | 7. STATE | 8. ZIP CODE

9. IN CARE OF | 10. ATTENTION

11. CLAIMANT'S TELEPHONE NO. | 12. CLAIMANT'S FAX NO.

13. CLAIMANT'S E-MAIL ADDRESS

14. CONTACT PERSON | 15. CONTACT PERSON'S POSITION/TITLE

16. CONTACT PERSON'S TELEPHONE NO. | 17. CONTACT PERSON'S FAX NO.

18. CONTACT PERSON'S E-MAIL ADDRESS

19. CLAIMANT STATUS (CHECK ONE)
CHECK LEGAL ENTITY TYPE AND ENTER 9 DIGIT TAXPAYER IDENTIFICATION NUMBER (TIN) BELOW: (SSN = SOCIAL SECURITY NUMBER; EIN = EMPLOYER IDENTIFICATION NUMBER)

ENTER THE SSN OR EIN THAT IS ASSIGNED TO THE LEGAL NAME OF THE CLAIMANT ENTERED ON LINE 3.

☐ INDIVIDUAL ___ ___ ___ ___ ___ ___ ___ ___ ___ (INDIVIDUAL'S SSN)

☐ SOLE PROPRIETORSHIP ___ ___ ___ ___ ___ ___ ___ ___ ___ (OWNER'S SSN)

☐ PARTNERSHIP ☐ GENERAL ☐ LIMITED ☐ LIMITED LIABILITY ___ ___ ___ ___ ___ ___ ___ ___ ___ (PARTNERSHIP'S EIN)

☐ CORPORATION ☐ PROFIT ☐ NON-PROFIT ___ ___ ___ ___ ___ ___ ___ ___ ___ (CORPORATION'S EIN)

☐ LIMITED LIABILITY COMPANY ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ___ ___ ___ ___ ___ ___ ___ ___ ___ (ENTITY'S EIN/OWNER'S SSN)

☐ TRUST ☐ REVOCABLE ☐ IRREVOCABLE ___ ___ ___ ___ ___ ___ ___ ___ ___ (TRUST'S EIN/GRANTOR'S SSN)

☐ ESTATE ___ ___ ___ ___ ___ ___ ___ ___ ___ (ESTATE'S EIN)

☐ OTHER - PLEASE SPECIFY _____ ___ ___ ___ ___ ___ ___ ___ ___ ___ (ENTITY'S EIN)

SECTION 2 - JOINT CLAIMANT

Joint claimants are subject to the same eligibility requirements as primary claimants. When joint claims are submitted, the priority class for the claim is generally based on the lowest priority appropriate for any claimant. Joint claims must be signed by all claimants and all Letters of Commitment and checks for reimbursement will be issued jointly to the primary claimant and the joint claimant(s).

Complete the entire section listing the following information:

Line 1 Indicate whether you are filing as the UST owner, UST operator, or both.

Line 2 Enter the legal name of the joint claimant (individual or entity) exactly as is it appears on federal tax return forms or other legal documents. (See the Eligible Owner/Operator of the UST Requirement section in the Program Summary for details.)

Line 3 Complete line 3 only if doing business under a name other than the entity's legal name and provide a copy of your Fictitious Business Name Statement filed with the county.

Lines 4-7 Enter your mailing address.

Line 8 Enter the name of the person or company where all correspondence should be sent (e.g., J&J, Inc.).

Line 9 Enter the name of the person to whom all correspondence should be directed.

Lines 10-12 Enter the joint claimant's telephone number, fax number, and e-mail address.

Line 13 Complete line 13 only if you want to designate another person who can answer any questions regarding the application and/or the site.

Line 14 Enter the contact person's position/title (e.g., President, General Manager, etc.).

Lines 15-17 Enter the contact person's daytime telephone number, fax number, and e-mail address.

Line 18 Check the appropriate box(es) to indicate your entity type and enter the TIN for that entity. The TIN provided must exactly match the joint claimant name given on Line 2. Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must put their SSN as their TIN. The TIN for all other entities is the entity's EIN. See page ii for a list of documents required in order to verify an entity type.

NOTE: IF MORE THAN ONE JOINT CLAIMANT IS FILING THE CLAIM MAKE A COPY OF THE FOLLOWING SECTION BEFORE COMPLETING.

SECTION 2 - JOINT CLAIMANT

1. JOINT CLAIMANT IS FILING AS: ☐ UST OWNER ☐ UST OPERATOR ☐ UST OWNER & OPERATOR

2. JOINT CLAIMANT NAME

3. DOING BUSINESS AS (DBA) (IF APPLICABLE)

4. MAILING ADDRESS

5. CITY	6. STATE	7. ZIP CODE

8. IN CARE OF	9. ATTENTION
10. JOINT CLAIMANT'S TELEPHONE NO.	11. JOINT CLAIMANT'S FAX NO.

12. JOINT CLAIMANT'S E-MAIL ADDRESS

13. CONTACT PERSON	14. CONTACT PERSON'S POSITION/TITLE
15. CONTACT PERSON'S TELEPHONE NO.	16. CONTACT PERSON'S FAX NO.

17. CONTACT PERSON'S E-MAIL ADDRESS

18. JOINT CLAIMANT STATUS (CHECK ONE)

CHECK LEGAL ENTITY TYPE AND ENTER 9 DIGIT TAXPAYER IDENTIFICATION NUMBER (TIN) BELOW: (SSN = SOCIAL SECURITY NUMBER; EIN = EMPLOYER IDENTIFICATION NUMBER)

ENTER THE SSN OR EIN THAT IS ASSIGNED TO THE LEGAL NAME OF THE JOINT CLAIMANT ENTERED ON LINE 2.

☐ INDIVIDUAL		___ ___ ___ ___ ___ ___ ___ ___ ___ (INDIVIDUAL'S SSN)
☐ SOLE PROPRIETORSHIP		___ ___ ___ ___ ___ ___ ___ ___ ___ (OWNER'S SSN)
☐ PARTNERSHIP	☐ GENERAL ☐ LIMITED ☐ LIMITED LIABILITY	___ ___ ___ ___ ___ ___ ___ ___ ___ (PARTNERSHIP'S EIN)
☐ CORPORATION	☐ PROFIT ☐ NON-PROFIT	___ ___ ___ ___ ___ ___ ___ ___ ___ (CORPORATION'S EIN)
☐ LIMITED LIABILITY COMPANY	☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION	___ ___ ___ ___ ___ ___ ___ ___ ___ (ENTITY'S EIN/OWNER'S SSN)
☐ TRUST	☐ REVOCABLE ☐ IRREVOCABLE	___ ___ ___ ___ ___ ___ ___ ___ ___ (TRUST'S EIN/GRANTOR'S SSN)
☐ ESTATE		___ ___ ___ ___ ___ ___ ___ ___ ___ (ESTATE'S EIN)
☐ OTHER - PLEASE SPECIFY _____		___ ___ ___ ___ ___ ___ ___ ___ ___ (ENTITY'S EIN)

SECTION 3 - CO-PAYEE

Claimants can designate a co-payee who has advanced funds or incurred eligible costs on behalf of the claimant. A copy of the executed agreement between the co-payee and claimant(s) must be submitted with the application. All payments will be issued jointly to the claimant(s) and the co-payee.

NOTE: Only costs incurred by the co-payee after the date of the agreement can be considered for reimbursement.

Complete the entire section listing the following information:

Line 1 Enter the legal name of the co-payee (individual or entity) exactly as is it appears on tax returns or other legal documents.

Line 2 Enter the effective date of the agreement between the claimant and the co-payee named above.

Line 3 Complete line 3 only if doing business under a name other than the entity's legal name and provide a copy of your Fictitious Business Name Statement filed with the county.

Line 4 Enter the TIN for the co-payee. The TIN provided must match the co-payee name given on the application. Individuals and sole proprietorships, including Limited Liability Companies that are taxed as sole proprietorships, must list their SSN as their TIN. The TIN for all other entities is the entity's EIN.

Lines 5-8 Enter the co-payee's mailing address.

Line 9 Enter the co-payee's telephone number.

Line 10 Complete line 10 only if you want to designate another person who can answer any questions for the co-payee regarding the application and/or the site.

Line 11 Enter the contact person's daytime telephone number. This daytime number should be the number where the contact person can be reached during normal business hours.

Line 12 Enter the contact person's fax number.

Line 13 Enter the contact person's e-mail address.

SECTION 3 - CO-PAYEE - A signed agreement must be attached.		
1. CO-PAYEE NAME		
2. EFFECTIVE DATE OF AGREEMENT		
3. DOING BUSINESS AS (DBA) (IF APPLICABLE)		4. TAX IDENTIFICATION NO.
5. MAILING ADDRESS		6. CITY
7. STATE	8. ZIP CODE	9. TELEPHONE NO.
10. CONTACT PERSON		
11. CONTACT PERSON'S TELEPHONE NO.		12. CONTACT PERSON'S FAX NO.
13. CONTACT PERSON'S E-MAIL ADDRESS		

SECTION 4 - CONTAMINATED SITE INFORMATION (LOCATION OF LEAKING UST)

This section identifies the site where the unauthorized release occurred from the petroleum UST(s) that is the subject of the claim. The claimant must identify and provide information on all USTs that are or were located on the contaminated site.

Complete the entire section listing the following information:

Lines 1-5 List the name of the site, or a description (e.g., "vacant lot" or "residence"), site address, and Assessor's parcel number for the location of the subject UST(s).

Lines 6-8 List the county and the county code for the subject site. (See Appendix A for a listing of county codes) and check the appropriate box to identify the site type.

Line 9 Check the appropriate box to identify how the UST(s) that is the subject of the claim was used. Check more than one box 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, describe these changes in section 5 or attach an explanation to your application.

Line 10 List the date on which the unauthorized release was discovered. **Claimant must provide a copy of the Unauthorized Release Form (URF) signed and dated by the Regulatory Agency. If the unauthorized release was discovered prior to January 1, 1988, and corrective action was initiated after June 30, 1988, you must submit documentation of the date when the regulatory agency first directed you to conduct corrective action.**

Line 11 List the date that the regulatory agency confirmed the release and issued the first clean up directive. **Claimant must provide documentation from the regulatory agency confirming the existence of the release.**

Line 12 List the date that corrective action was initiated. Corrective action 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.

Line 13 If the corrective action has been completed, list the date of completion and submit a copy of the closure letter issued by the regulatory agency.

Line 14 If the release required an emergency response, give an explanation in section 5 or attach an explanation to your application.

Line 15 List each UST(s) or former UST(s) at this site identifying capacity in gallons, and the substance stored. Enter the date the UST(s) was installed. If the UST(s) has been removed, give the date of removal and check the appropriate box indicating if the UST(s) has been replaced. **Provide a complete copy of the consultant's UST removal report. If the UST(s) has been removed provide a copy of the removal permit. If the UST(s) has been upgraded please provide a copy of the upgrade certification.**

Line 16. Indicate if any USTs that are <u>not</u> the subject of this claim have ever been located on the site. If yes, list the dates of operation, capacity, and product stored for each UST.

Line 17 Check the appropriate box answering whether petroleum was placed in any of the USTs on or after January 1, 1991. **If yes, provide a copy of the Board of Equalization letter documenting that all fees have been paid**.

SECTION 4 - CONTAMINATED SITE INFORMATION (LOCATION OF LEAKING UST)

1. SITE NAME

2. SITE ADDRESS

3. CITY

4. ZIP

5. ASSESSOR'S PARCEL NO

6. COUNTY

7. COUNTY CODE

8. SITE TYPE: ☐ RESIDENTIAL ☐ COMMERCIAL ☐ FARM ☐ OTHER: _____

9. DESCRIPTION OF UST USE: ☐ RESIDENTIAL MOTOR FUEL ☐ RESIDENTIAL HEATING OIL ☐ COMMERCIAL HEATING OIL ☐ AGRICULTURAL MOTOR FUEL ☐ RETAIL SALE ☐ OTHER: _____

10. DATE RELEASE DISCOVERED: _____

11. DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED FIRST CLEANUP DIRECTIVES: _____

12. DATE CORRECTIVE ACTION WAS INITIATED: _____

13. HAS CORRECTIVE ACTION BEEN COMPLETED?
☐ YES ☐ NO DATE COMPLETED _____
IF YES, ATTACH A COPY OF CLOSURE LETTER ISSUED BY AGENCY.

14. DID THE RELEASE REQUIRE AN EMERGENCY RESPONSE?
☐ YES ☐ NO
IF YES, EXPLAIN ON A SEPARATE SHEET.

15. LIST ALL USTS THAT ARE THE SUBJECT OF THE CLAIM (USE ADDITIONAL SHEETS IF NECESSARY)

	CAPACITY	PRODUCT STORED	DATE UST INSTALLED	DATE UST REMOVED	HAS THE UST BEEN REPLACED?	UPGRADE CERTIFICATION
UST 1					☐ YES ☐ NO	☐ YES ☐ NO
UST 2					☐ YES ☐ NO	☐ YES ☐ NO
UST 3					☐ YES ☐ NO	☐ YES ☐ NO
UST 4					☐ YES ☐ NO	☐ YES ☐ NO
UST 5					☐ YES ☐ NO	☐ YES ☐ NO

16. HAVE ANY USTS THAT ARE NOT THE SUBJECT OF THIS CLAIM EVER BEEN LOCATED ON THE SITE? ☐ YES ☐ NO
IF YES, LIST THE DATES OF OPERATION, CAPACITY, AND PRODUCT STORED FOR EACH UST ON A SEPARATE SHEET.

17. WAS PETROLEUM PLACED IN ANY OF THE USTS ON OR AFTER JANUARY 1, 1991? ☐ YES ☐ NO
IF YES, PROVIDE EVIDENCE OF UST STORAGE FEE PAYMENT TO THE BOARD OF EQUALIZATION.

SECTION 4 - CONTAMINATED SITE INFORMATION (CONTINUED)

Complete the section, by answering the nine questions listed. If necessary, provide an attachment to explain your answers in detail.

SECTION 4 - CONTAMINATED SITE INFORMATION (CONTINUED)

ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE:

1. DESCRIBE HOW THE CLAIMANT BECAME AWARE OF THE UST(S) THAT IS THE SUBJECT OF THIS CLAIM.

_____

_____

2. ARE THERE NOW OR HAVE THERE EVER BEEN ANY ABOVEGROUND STORAGE TANKS (ASTS) LOCATED ON THIS PROPERTY?
☐ YES ☐ NO

IF YES, LIST THE DATES OF OPERATION, CAPACITY, AND PRODUCT STORED. _____

_____

3. ARE THERE NOW OR HAVE THERE EVER BEEN ANY SUMPS, SEPTIC TANKS, PITS, PONDS, LAGOONS, OIL/WATER SEPARATORS OR CLARIFIERS LOCATED ON THE PROPERTY? ☐ YES ☐ NO

IF YES, LIST THE DATES OF OPERATION. _____

_____

4. ARE THERE NOW OR HAVE THERE EVER BEEN ANY CHEMICALS, PAINTS, PETROLEUM PRODUCTS OR PESTICIDES STORED OR USED ON THE PROPERTY? ☐ YES ☐ NO

IF YES, LIST THE PRODUCT AND METHOD STORED. _____

_____

5. ARE THERE NOW OR HAVE THERE EVER BEEN ANY MAINTENANCE OR SHOP/SERVICE AREAS LOCATED ON THE PROPERTY?
☐ YES ☐ NO

IF YES, LIST THE DATES OF OPERATION. _____

_____

6. ARE THERE NOW OR HAVE THERE EVER BEEN ANY ELEVATORS OR HYDRAULIC LIFTS LOCATED ON THE PROPERTY?
☐ YES ☐ NO

IF YES, LIST THE NUMBER OF ELEVATORS AND HYDRAULIC LIFTS AND THE DATES OF OPERATION.

_____

_____

7. HAVE THERE BEEN ANY PREVIOUS RELEASES AT THIS SITE?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. _____

_____

8. HAVE THERE EVER BEEN ANY NOTICES OF VIOLATION ISSUED FOR THE UST(S)?
☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. _____

_____

9. PROVIDE A BRIEF HISTORY OF ANY UPGRADES ASSOCIATED WITH THE UST(S) THAT IS THE SUBJECT OF THIS CLAIM.

_____

_____

SECTION 5 - UNAUTHORIZED RELEASE INFORMATION

Provide a brief but thorough description, in chronological order, of all activities that have taken place on the site relating to the unauthorized release, from the discovery of the release to the present. Include a description of any corrective action underway or completed. Use additional pages as necessary and attach them to your application.

SECTION 6 - SITE MAP AND ENVIRONMENTAL ASSESSMENT INFORMATION

Complete the entire section listing the following information:

Line 1 A site map drawn to scale must be attached to the claim application. Include locations of all USTs, fuel dispensers, product lines, vapor recovery lines, and other potential sources of contamination including, but not limited to, aboveground storage tanks (ASTs), hydraulic lifts/hoists, sumps, etc. The map must include a north arrow and distances relative to the nearest public roads.

Line 2 Provide copies of all available environmental site assessments, including Phase I (preliminary assessment) reports and Phase II (supplemental assessment) reports.

SECTION 7 - REGULATORY AGENCY

Complete the entire section listing the following information:

Line 1 List the name of the local UST permitting agency with jurisdiction over the site that is the subject of the claim.

Lines 2-3 List the Regional Water Quality Control Board (Regional Water Board) with jurisdiction over the site that is the subject of the claim and its code number. Refer to Appendix C to determine the name and code number of the Regional Water Board with authority over the site.

Line 4 Check the appropriate box for the lead agency providing oversight of the cleanup.

Lines 5-6 List the name of the contact person at the lead agency and the contact person's telephone number.

Line 7 Check the appropriate box to identify if the claimant/joint claimant has been named a Responsible Party for the release associated with the subject claim.

SECTION 5 - UNAUTHORIZED RELEASE INFORMATION

PROVIDE A DESCRIPTION, IN CHRONOLOGIC ORDER, OF **ALL** ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE.

SECTION 6 - SITE MAP AND ENVIRONMENTAL ASSESSMENT INFORMATION

1. ☐ SITE MAP - ATTACH A SCALED SITE MAP WITH NUMBERED LOCATIONS OF ALL UST(S), FUEL DISPENSERS, PRODUCT LINES, VAPOR RECOVERY LINES, ETC., EVER USED AT THIS SITE. SHOW RELATION TO PROPERTY LINES AND STRUCTURES AND INCLUDE ALL OTHER POTENTIAL SOURCES OF CONTAMINATION SUCH AS AST(S), SUMPS, ETC. INDICATE SAMPLE LOCATIONS, INCLUDE A NORTH ARROW, AND SHOW THE DISTANCE RELATIVE TO THE NEAREST PUBLIC ROADS.

2. ☐ PROVIDE A COPY OF ALL AVAILABLE SITE ASSESSMENTS, INCLUDING ALL PHASE I (PRELIMINARY ASSESSMENT) REPORTS AND ALL PHASE II (SUPPLEMENTAL ASSESSMENT) REPORTS..

SECTION 7 - REGULATORY AGENCY

1. LOCAL UST PERMITTING AGENCY	
2. REGIONAL WATER QUALITY CONTROL BOARD (REGIONAL WATER BOARD)	3. REGIONAL WATER BOARD CODE NO.
4. LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP ☐ REGIONAL WATER BOARD ☐ LOCAL AGENCY ☐ JOINT	
5. LEAD AGENCY CONTACT PERSON	6. TELEPHONE NO.
7. HAS THE CLAIMANT/JOINT CLAIMANT EVER BEEN NAMED A RESPONSIBLE PARTY FOR THE RELEASE ASSOCIATED WITH THE SUBJECT CLAIM? ☐ YES ☐ NO	

SECTION 8 - CLAIMANT'S SITE OWNERSHIP HISTORY

Complete the entire section listing the following information:

Line 1 If the claimant (UST owner/UST operator) is or was also the property owner, list the date the site was acquired. Indicate if the claimant ever placed product into the UST(s) that is the subject of the claim. If yes, provide the dates that the claimant placed product into the UST(s).

Line 2 If the site was acquired by the claimant after January 1, 1984, list the person from whom the property was acquired, and the person's address and telephone number.

Line 3 If the claimant has sold the site, list the date of the sale, the name of the buyer, and the buyer's address and telephone number.

Line 4 List the date the claimant/joint claimant began operation and the date operation ceased. Indicate if the claimant ever placed product into the UST(s) that is the subject of the claim. If yes, provide the dates that the claimant placed product into the UST(s).

SECTION 8 - CLAIMANT'S SITE OWNERSHIP HISTORY

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

DATE _____
(MM/YYYY)

DID THE CLAIMANT EVER PLACE PRODUCT INTO THE UST (S) THAT ARE THE SUBJECT OF THE CLAIM? ☐ YES ☐ NO
IF YES, LIST THE DATES THAT THE CLAIMANT PLACED PRODUCT INTO THE UST(S).

FROM _____ TO _____

2. IF THE SITE WAS ACQUIRED BY THE CLAIMANT AFTER JANUARY 1, 1984, IDENTIFY THE PERSON(S) FROM WHOM THE SITE WAS ACQUIRED.

NAME _____

ADDRESS _____ TELEPHONE NO. _____

3. IF THE CLAIMANT HAS SOLD THE SITE, LIST THE DATE OF SALE AND THE PARTY(IES) TO WHOM THE SITE WAS SOLD:

DATE _____

NAME _____

ADDRESS _____ TELEPHONE NO. _____

4. IF THE CLAIMANT IS FILING AS A UST OPERATOR, LIST THE DATES OF OPERATION.

FROM _____ TO _____

DID THE CLAIMANT EVER PLACE PRODUCT INTO THE UST(S) THAT ARE THE SUBJECT OF THE CLAIM? ☐ YES ☐ NO
IF YES, LIST THE DATES THAT THE CLAIMANT PLACED PRODUCT INTO THE UST(S).

FROM _____ TO _____

SECTION 9 - SITE AND UST OWNERSHIP HISTORY

Complete the entire section listing the following information:

Line 1 Claimants are required to provide a complete history of all the property owners, all UST owners, and all UST operators at the subject site. List the history in **chronological** order starting with the earliest known information. Include the following information for each time frame: the date the site was acquired, the entity from whom the site was acquired, the date the site was sold, the entity to whom the site was sold, the name of the UST owner, and the name of the UST operator.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 9 - SITE AND UST OWNERSHIP HISTORY

1. PROVIDE A HISTORY OF ALL CURRENT AND PRIOR PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE:

TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM (MM/YYYY)	NAME	NAME	NAME
TO (MM/YYYY)	ADDRESS	ADDRESS	ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM (MM/YYYY)	NAME	NAME	NAME
TO (MM/YYYY)	ADDRESS	ADDRESS	ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM (MM/YYYY)	NAME	NAME	NAME
TO (MM/YYYY)	ADDRESS	ADDRESS	ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

SECTION 10 - ESTIMATE OF COSTS AND PAYMENT

Only reasonable and necessary corrective action costs will be reimbursed by the Fund. Refer to the Fund regulations for a list of non-reimbursable costs.

Complete the entire section listing the following information:

Subsection A:

Line 1 Enter the estimated eligible corrective action costs incurred for work performed to date. Refer to the Fund regulations for a list of eligible costs. Do not submit documents supporting the claimed costs at this time.

Line 2 Enter the estimated eligible corrective action costs to complete the corrective action work currently underway.

Line 3 Enter the estimated future costs to complete the corrective action.

Line 4 In order to request third party compensation costs you must attach a copy of the court awarded judgment. Third party compensation claims are the result of a court-approved settlement, a final judgment other than a default judgment, or an arbitration award by a court-appointed arbitrator. These are the result of proceedings in accordance with the California Code of Civil Procedure commencing with section 1280, imposing liability upon an owner or operator for bodily injury or property damage to a third party as a result of an unauthorized release of petroleum from a UST.

Subsection B:

Line 1 Indicate who has paid for the eligible corrective action costs for work performed to date. The Fund may only reimburse costs that are incurred by or on behalf of the claimant. Refer to page 15 of the Program Summary for more information. In order to request costs pursuant to an "on behalf of" agreement you must attach a copy of the dated/signed agreement.

☑ **NOTE:** Third parties do not include owners of the real property from which the release occurred, owners or operators of the UST(s) that is the subject of the claim, or tenants or landlords of the sites.
In order to file a claim for third party compensation costs, the owner or operator must satisfy all of the eligibility requirements for a corrective action claim and be ordered to pay damages pursuant to a judgment, arbitration award, or settlement.

Third party costs are only eligible for reimbursement if the claimant has not yet been reimbursed in excess of $1 million. Once a claimant has been reimbursed this amount, an additional $500,000 per occurrence is available and may only be used to reimburse for reasonable and necessary corrective action and regulatory technical assistance costs. The additional $500,000 CANNOT be used to reimburse third party costs.

The damages eligible for third party reimbursement are:

1) Medical expenses occasioned by an unauthorized release;
2) Actual loss of wages or business income caused by an unauthorized release;
3) Actual expenses for remedial action necessary to remedy the effects of property damage caused by an unauthorized release; and
4) Damages equal to the fair market value of the property rendered permanently unsuitable for beneficial use by an unauthorized release.

Any other damages which may be included in the award or settlement, such as damages for pain and suffering, loss of consortium, etc., are not reimbursable from the Fund.

If a claimant is seeking reimbursement for damages awarded to a third party, the claimant must submit a copy of the final judgment or court-approved settlement or arbitration award with the application. If the damages have been paid, proof of payment also must be submitted.

SECTION 10 - ESTIMATE OF COSTS AND PAYMENT

A.

1. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK: $ _____

2. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK: $ _____

3. ADDITIONAL ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK: $ _____

4. THIRD PARTY COMPENSATION COSTS (COURT AWARDED JUDGMENT MUST BE ATTACHED): $ _____

TOTAL: $ _____

B.

1. WHO HAS PAID THE ESTIMATED ELIGIBLE COSTS FOR WORK PERFORMED TO DATE?

_____

SECTION 11 - PERMIT HISTORY

Complete the entire section listing the following information:

Line 1 List the date the claimant first became the owner and/or operator of the UST(s).

Line 2 List the date that the claimant obtained the first permit to own or operate the UST(s). **Provide a copy of the first permit.**

Line 3 Identify if the subject UST(s) or residential tank(s) is exempt from the UST permitting requirements in H&SC, Division 20, Chapter 6.7. If the subject UST(s) or residential tank(s) is exempt from the permitting requirements, check the appropriate box to indicate the reason for the exemption. If the subject UST(s) was decommissioned before January 1, 1984, provide a copy of the regulatory agency's decommission statement (documentation).

Line 4 Identify if the required UST operating permits have been renewed and maintained from the date the claimant first obtained a permit to the present time. **Provide a copy of the current operating permit if applicable. Provide an explanation if permits were not obtained.**

Line 5 If the UST(s) was removed, list when the UST removal permit was obtained or when the UST(s) was removed under regulatory guidance. **Provide a copy of the removal permit or UST removal document approved by the regulatory agency.**

Line 6 Identify if the UST(s) was on the site after December 31, 1998. **If yes, provide a copy of the upgrade certification.**

☑ **NOTE**: All claimants are required to provide information and documentation to substantiate the permit history of the subject UST(s). All regulated USTs are subject to UST owner/operator permit requirements.

A UST(s) or residential tank(s) is exempt from the permit requirements in either of the two instances below:

- The UST(s) was properly decommissioned. Claimant must provide regulatory evidence that the subject UST(s) was properly decommissioned. A decommissioned UST is a UST that cannot have inputs or withdrawals for one or more of the following reasons: 1) the UST has been filled with an inert solid; 2) the UST's fill pipes have been sealed; and/or 3) its piping has been removed. A UST that was not used on or after January 1, 1984, but could have been used in the future meets the definition of an existing UST and is subject to the operating and closure requirements of the law and regulations.

- The tank is a small home heating oil tank with a capacity of 1,100 gallons or less meeting Priority Class A requirements.

SECTION 11 - PERMIT HISTORY

ELIGIBILITY FOR PLACEMENT ON THE PRIORITY LIST REQUIRES COMPLIANCE WITH THE PERMITTING REQUIREMENTS OF CHAPTER 6.7 (COMMENCING WITH SECTION 25280) OF THE HEALTH & SAFETY CODE (H&SC).
(SEE H&SC §§ 25299.57(d)(3) & 25299.58(b)(3).)

1. DATE THE CLAIMANT FIRST BECAME THE OWNER AND/OR OPERATOR OF THE UST(S) THAT IS THE SUBJECT OF THIS CLAIM: (ATTACH ADDITIONAL SHEET IF NECESSARY.)

DATE _____

2. DATE THE CLAIMANT FIRST OBTAINED A PERMIT TO OWN OR OPERATE THE UST(S): (ATTACH ADDITIONAL SHEET IF NECESSARY.)

DATE _____

3. IS THE SUBJECT UST(S) OR RESIDENTIAL TANK(S) EXEMPT FROM THE UST PERMIT REQUIREMENTS CONTAINED IN H&SC, DIVISION 20, CHAPTER 6.7? ☐ YES (IF YES, CHECK THE APPROPRIATE BOX BELOW.) ☐ NO

☐ THE UST(S) WAS DECOMMISSIONED BEFORE JANUARY 1, 1984.

☐ THE TANK(S) IS A RESIDENTIAL HOME HEATING OIL TANK WITH A CAPACITY OF 1,100 GALLONS OR LESS.

4. HAVE THE REQUIRED UST(S) PERMITS BEEN RENEWED AND MAINTAINED CURRENT FROM THE DATE THAT THE CLAIMANT FIRST OBTAINED A PERMIT TO THE PRESENT TIME? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN WHY REQUIRED PERMITS WERE NOT MAINTAINED.

_____

_____

_____

5. IF THE UST(S) WAS REMOVED, DID YOU OBTAIN A REMOVAL PERMIT OR REMOVE THE UST(S) UNDER REGULATORY GUIDANCE?

_____

_____

6. WAS THE UST(S) ONSITE AFTER DECEMBER 31, 1998? ☐ YES ☐ NO

SECTION 12 - PRIORITY CLASS A - RESIDENTIAL ONLY

Complete this section if the claimant meets **ALL** of the following requirements for Priority Class A. For more information on home heating oil tanks and other petroleum tanks please see the table below.

Complete the entire section listing the following information:

Line 1 Indicate whether the tank contains home heating oil or another petroleum substance.

Line 2 Provide documentation to demonstrate that the claim qualifies for Priority Class A and is a residential property (e.g., current property tax bill).

☑ **NOTE:** "Residential tank" means a tank, as defined in H&SC, section 25281(u), including pipes connected thereto, that satisfies **ALL** (a-d) of the following conditions:

(a.) The tank is used for the storage of petroleum.
(b.) The tank is substantially or totally beneath the surface of the ground.
(c.) The tank meets either (1) **OR** (2) below:

1. The tank is located at the residence of a person on property used exclusively for residential purposes at the time of discovery of the unauthorized release; or

2. The tank is located at the residence of a person, the tank is located on property that on and after January, 1, 1985, has not been used for agricultural purposes, the tank has a capacity of 1,100 gallons or less, and on and after January 1, 1985, the petroleum in the tank has been used solely as home heating oil for consumptive use on the premises where stored.

(d.) The tank meets both (1) **AND** (2) below:

1. The tank meets one of the following:

   (A) The tank has a capacity greater than 1,100 gallons;
   (B) The tank is not located on a farm; or
   (C) The tank does not store motor vehicle fuel used primarily for agricultural or resale purposes.

2. On or after January 1, 1985, the tank has not been used to store motor vehicle fuel used primarily for agricultural or resale purposes.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 12 - PRIORITY CLASS A - RESIDENTIAL ONLY

"RESIDENCE" MEANS A BUILDING THAT IS USED PRIMARILY FOR DWELLING PURPOSES. BUILDINGS EXCLUDED FROM THIS DEFINITION INCLUDE, BUT ARE NOT LIMITED TO, HOTELS, MOTELS, HOSPITALS, AND MILITARY BARRACKS.

SEE INSTRUCTIONS FOR ADDITIONAL CRITERIA THAT MUST BE MET IN ORDER TO QUALIFY FOR PRIORITY CLASS A.

1. CHECK ONE OF THE FOLLOWING BOXES TO INDICATE WHETHER THE TANK CONTAINS HOME HEATING OIL OR ANOTHER TYPE OF PETROLEUM.

A. ☐ CHECK THIS BOX IF THE TANK CONTAINS HOME HEATING OIL AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.

OR

B. ☐ CHECK THIS BOX IF THE TANK CONTAINS A TYPE OF PETROLEUM, OTHER THAN HOME HEATING OIL, AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.

2. ☐ PROVIDE DOCUMENTATION TO DEMONSTRATE THAT THE PROPERTY IS RESIDENTIAL AND THAT THE CLAIM QUALIFIES FOR PRIORITY CLASS A (E.G., CURRENT PROPERTY TAX BILL).

SECTION 13 - PRIORITY CLASS B - SMALL BUSINESS MANUFACTURER

Complete this section if the claimant meets both of the following requirements:

- Is a manufacturer that is: 1) primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products, and 2) classified between codes 2000 to 3999, inclusive, of the Standard Industrial Classification Manual published by the United States Office of Management and Budget, 1987 edition. (Gov. Code, § 14837(c).)
- Together with all affiliates, employs 100 or fewer full and part-time employees.

Complete the entire section listing the following information:

Line 1 Check the box if the claimant meets all the requirements and is eligible for Priority Class B.

Lines 2-3 Enter the business name and address.

Line 4 Provide a brief description of the business (e.g., ice cream maker or textile product manufacturer).

Line 5 Enter the dates of operation for the business. If the business is no longer in operation, list the date the business ceased operations.

Line 6 Provide the name, address and type of business of all affiliated companies.

"Affiliate" or "affiliation" refers to a relationship of direct or indirect control or shared interests between the claimant and another business. Some factors determining the existence of an affiliation include, but are not limited to, ownership, management, financial and/or business relationships or ties with another business, familial relationships, contractual relationships, and assignments. (See CCR, tit. 2, §§ 1896.4 & 1896.12.)

Line 7 Check the box if claimant maintains a current small business certificate from the Office of Small Business Certification to document the claimant's small business classification. Submit a copy of the small business certification to qualify.

Line 8 Check this box if the claimant **is a manufacturer,** as defined in Government Code section 14837(c)**,** and, together with all affiliates, employs 100 or fewer employees. In the space provided, identify the total number of employees, both full and part-time, together with all employees of any affiliates. The employee count qualification cannot exceed 100 employees. Claimant is required to submit documentation supporting the number of employees. (Examples of acceptable documents include Department of Employment Development payroll reports (Form DE-6) for the last four quarters.)

There is no revenue test for manufacturing businesses. However, the business, together with all affiliates, must employ 100 or fewer full and part-time employees.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 13 - PRIORITY CLASS B - SMALL BUSINESS MANUFACTURER

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS MANUFACTURER. COMPLETE THE FOLLOWING INFORMATION.

2. BUSINESS NAME

3. BUSINESS ADDRESS

4. BUSINESS DESCRIPTION

5. DATES OF BUSINESS OPERATION FROM _____ TO _____

6. LIST ALL OF CLAIMANT'S AFFILIATIONS: (SEE INSTRUCTIONS FOR DEFINITION OF AFFILIATION.)

NAME OF AFFILIATED COMPANY	ADDRESS	TYPE OF BUSINESS (E.G., CORPORATION)

7. ☐ CHECK THIS BOX IF YOU ARE SUBMITTING A SMALL BUSINESS CERTIFICATE FROM THE OFFICE OF SMALL BUSINESS CERTIFICATION TO DOCUMENT THE CLAIMANT'S SMALL BUSINESS CLASSIFICATION. ***ATTACH CERTIFICATE.***

8. ☐ CHECK THIS BOX IF CLAIMANT IS A MANUFACTURING BUSINESS THAT, TOGETHER WITH ALL AFFILIATES, EMPLOYS 100 OR FEWER FULL AND PART-TIME EMPLOYEES.

TOTAL NUMBER OF FULL OR PART-TIME EMPLOYEES: _____ ***SUBMIT DOCUMENTATION SUPPORTING THE NUMBER OF EMPLOYEES INCLUDING ALL AFFILIATE COMPANIES LISTED ABOVE (E.G., DEPARTMENT OF EMPLOYMENT DEVELOPMENT PAYROLL REPORTS (DE6) FOR THE LAST FOUR QUARTERS).***

SECTION 14 - PRIORITY CLASS B - SMALL BUSINESS NON-MANUFACTURER

Complete this section if the claimant meets the following requirements:

- Is a small business non-manufacturer that employs 100 or fewer full and part-time employees (together with all affiliates), is independently owned and operated, is not dominant in its field of operation, and meets the revenue requirement defined in line 10 below.

Complete the entire section listing the following information:

Line 1 Check the box if the claimant meets all of the requirements and is eligible to be placed in Priority Class B.

Lines 2-3 Enter the business name and address.

Line 4 Provide a brief description of the business (e.g., service station, convenience store, etc.).

Line 5 Enter the dates of operation for the business. If the business is no longer in operation, list the date the business ceased operations.

Lines 6-7 Indicate whether the business is independently owned and operated and whether the business is dominant statewide in its field of operation.

"Independently owned and operated" means a business concern that independently manages and controls the day-to-day operations of its own business through its ownership and management, without undue influence by an outside entity or person that may have an ownership and/or financial interest in the management responsibilities of the small business. (CCR, tit. 2, § 1896.4(m).)

"Dominant statewide in its field of operation" means a business concern that exercises or has the ability to exercise a controlling or major influence, on a statewide basis, in a kind of business activity or field of operation in which a number of business concerns are primarily engaged. (CCR, tit. 2, § 1896.12(d)(9).)

Line 8 Provide the name, address, and type of business of all affiliated companies.

"Affiliate" or "affiliation" refers to a relationship of direct or indirect control or shared interests between the claimant and another business. Some factors determining the existence of an affiliation include, but are not limited to, ownership, management, financial and/or business relationships or ties with another business, familial relationships, contractual relationships, and assignments. (See CCR, tit. 2, §§ 1896.4 & 1896.12.)

Line 9 Check the box if the claimant maintains a current small business certificate from the Office of Small Business Certification to document the claimant's small business classification. Submit a copy of the small business certification to qualify.

Line 10 Check this box if the claimant **is not a manufacturer**, is independently owned and operated, is not dominant in its field of operation, and, together will all affiliates, employs 100 or fewer full and part-time employees and has had average annual gross receipts of twelve million dollars ($12,000,000) or less over the previous three years.

Claimant must identify their total annual gross receipts for the **THREE** calendar years prior to the date of application submittal. Identify the annual average gross receipts by adding all **THREE** years of gross receipts and divide by three. Claimant's reporting must include gross receipts for the claimant and **ALL** affiliates. Annual average gross receipts cannot exceed $12 million to qualify. Federal tax returns are required as supporting documentation. Submit complete sets of federal tax returns, including all schedules and forms for the previous three years. Refer to the Required Financial Document Submission Requirements for Priority Class B in Appendix B for more information.

As proof of gross revenues for the purposes of assignment to Priority Class B, the chart in Appendix B identifies the federal tax returns and the statement and schedules that are required to be submitted with your application. The Fund will review these documents to determine whether you are eligible for Priority Class B.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 14 - PRIORITY CLASS B - SMALL BUSINESS NON-MANUFACTURER

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS NON-MANUFACTURER. COMPLETE THE FOLLOWING INFORMATION.

2. BUSINESS NAME

3. BUSINESS ADDRESS

4. BUSINESS DESCRIPTION

5. DATES OF BUSINESS OPERATION FROM _____ TO _____

6. IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? ☐ YES ☐ NO

7. IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? ☐ YES ☐ NO

8. LIST ALL OF CLAIMANT'S AFFILIATIONS:
(SEE INSTRUCTIONS FOR DEFINITION OF AFFILIATION.)

NAME OF AFFILIATED COMPANY	ADDRESS	TYPE OF BUSINESS (E.G., CORPORATION)

9. ☐ CHECK THIS BOX IF YOU ARE SUBMITTING A SMALL BUSINESS CERTIFICATE FROM THE OFFICE OF SMALL BUSINESS CERTIFICATION TO DOCUMENT THE CLAIMANT'S SMALL BUSINESS CLASSIFICATION. ***ATTACH CERTIFICATE.***

10. ☐ CHECK THIS BOX IF THE CLAIMANT IS NOT A MANUFACUTURER, IS AN INDEPENDENTLY OWNED AND OPERATED BUSINESS, IS NOT DOMINANT IN ITS FIELD OF OPERATION, AND, TOGETHER WITH ALL AFFILIATES, EMPLOYS 100 OR FEWER FULL OR PART-TIME EMPLOYEES AND HAS AVERAGE ANNUAL GROSS RECEIPTS OF TWELVE MILLION DOLLARS ($12,000,000) OR LESS OVER THE PREVIOUS THREE YEARS.

TOTAL NUMBER OF FULL OR PART-TIME EMPLOYEES: _____ ***SUBMIT DOCUMENTATION SUPPORTING THE NUMBER OF EMPLOYEES INCLUDING ALL AFFILIATE COMPANIES LISTED ABOVE (E.G., DEPARTMENT OF EMPLOYMENT DEVELOPMENT PAYROLL REPORTS (DE6) FOR THE LAST FOUR QUARTERS).***

LIST THE PREVIOUS THREE YEARS AND THEIR RESPECTIVE ANNUAL GROSS RECEIPTS FOR THE CLAIMANT AND ALL AFFILIATES.

YEAR _____ $_____

YEAR _____ $_____

YEAR _____ $_____

AVERAGE ANNUAL GROSS RECEIPTS OVER THE PREVIOUS THREE YEARS: $_____

☐ SUBMIT SIGNED AND DATED COPIES OF YOUR COMPLETE FEDERAL TAX RETURNS FOR THE THREE YEARS INDICATED ABOVE AS SHOWN ON THE "REQUIRED FINANCIAL DOCUMENT SUBMISSION REQUIREMENTS FOR PRIORITY CLASS B." (SEE APPENDIX B.)

SECTION 15 - PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES

Complete this section if the claimant meets the following requirements:

- Cities, counties, and districts with total annual revenue of $7 million or less are eligible for Priority Class B.

Complete the entire section listing the following information:

Line 1 Check the box if the claimant meets all of the requirements and is eligible for placement in Priority Class B as a local government entity.

Line 2 Check the appropriate box to indicate the claimant's type of governmental entity.

Line 3 List the total annual revenues. Claimant is required to submit documentation verifying total annual revenues. (See Appendix B.)

Line 4 Identify the last fiscal year for which annual revenues were calculated.

SECTION 16 - PRIORITY CLASS B - NONPROFIT ORGANIZATIONS

Complete this section if the claimant meets **ALL** of the following requirements:

- Is a nonprofit public benefit organization incorporated pursuant to Part 2 (commencing with section 5110) of Division 2 of Title 1 of the Corporations Code.
- Is a nonprofit organization with total annual revenue of $7 million or less.

In determining the amount of a nonprofit organization's annual revenue, only those revenues directly attributable to the site at which the USTs are or were located are calculated.

Complete the entire section listing the following information:

Line 1 Check the box if the claimant meets all the requirements and is eligible for placement in Priority Class B as a nonprofit organization.

Line 2 List the total annual revenues. Claimant is required to submit documentation verifying total annual revenues. (See Appendix B.)

Line 3 Identify the last fiscal year for which annual revenues were calculated.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 15 - PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY.

2. CLAIMANT STATUS:	3. TOTAL ANNUAL REVENUES*	4. FISCAL YEAR ENDING
☐ CITY ☐ COUNTY ☐ DISTRICT	$_____	_____

***NOTE:** "ANNUAL REVENUE" MEANS THE TOTAL ANNUAL GENERAL PURPOSE REVENUES, EXCLUDING ALL RESTRICTED REVENUES OVER WHICH THE GOVERNING AGENCY HAS NO DISCRETION, AS REPORTED IN THE ANNUAL REPORT OF FINANCIAL TRANSACTIONS SUBMITTED TO THE CONTROLLER, FOR THE LATEST FISCAL YEAR ENDING PRIOR TO THE DATE THE FUND CLAIM APPLICATION IS FILED. (SEE FUND REGULATIONS, § 2804.)

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 16 - PRIORITY CLASS B - NONPROFIT ORGANIZATIONS

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - NONPROFIT ORGANIZATION.

2. TOTAL ANNUAL REVENUES** $_____

3. FISCAL YEAR ENDING _____

***NOTE:** "NONPROFIT ORGANIZATION" MEANS AN ORGANIZATION INCORPORATED PURSUANT TO THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW (COMMENCING WITH SECTION 5110 OF THE CORPORATIONS CODE).

"ANNUAL REVENUE" MEANS THE TOTAL ANNUAL REVENUES AS SHOWN IN AN ANNUAL FISCAL REPORT FILED WITH THE REGISTRY OF CHARITABLE TRUSTS OR STATE AND FEDERAL TAX RECORDS, BASED ON THE LATEST FISCAL YEAR ENDING PRIOR TO THE DATE THE FUND CLAIM APPLICATION IS FILED.

SECTION 17 - PRIORITY CLASS C - OTHER BUSINESS

Complete this section if the claimant meets **ALL** of the following requirements:

- Employs fewer than 500 full and part-time employees;
- Is independently owned and operated; **AND**
- Is not dominant in its field of operation.

Line 1 Check the box if the claimant meets all of the requirements and is eligible for Priority Class C.

Lines 2-3 Enter the business name and address.

Line 4 Provide a brief description of the business (e.g., service station, convenience store, etc.).

Line 5 Enter the dates of operation for the business. If the business is no longer in operation, list the date the business ceased operations.

Line 6 Enter the total number of full and part-time employees. Claimant is not eligible for Priority Class C, if it has more than 499 employees. Claimant is required to submit documentation supporting the number of employees (e.g., Employment Development payroll reports (Form DE-6) for the last four quarters).

Lines 7-8 Indicate whether the business is independently owned and operated and whether the business is dominant statewide in its field of operation.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 17 - PRIORITY CLASS C - OTHER BUSINESS

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION.	
2. BUSINESS NAME	
3. BUSINESS ADDRESS	
4. BUSINESS DESCRIPTION	
5. DATES OF BUSINESS OPERATIONS FROM _____ TO _____	6. TOTAL NO. OF EMPLOYEES (FULL AND PART-TIME) _____
7. IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? ☐ YES ☐ NO 8. IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? ☐ YES ☐ NO	

SECTION 18 - PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES

Cities, counties, and districts that exceed the $7 million revenue limit required for Priority Class B, but have fewer than 500 full and part-time employees are eligible for Priority Class C.

Complete the entire section listing the following information:

Line 1 Check the box if the claimant meets all the requirements and is eligible for Priority Class C as a local governmental entity.

Line 2 Check the appropriate box indicating the claimant's entity type.

Line 3 List the total number of employees, both full and part-time. Claimant is not eligible for Priority Class C, if it has more than 499 employees. Claimant is required to submit documentation supporting the number of employees (e.g., Department of Employment payroll report (Form DE-6) for the last four quarters).

SECTION 19 - PRIORITY CLASS C - NONPROFIT ORGANIZATIONS

Nonprofit organizations that exceed the $7 million revenue limit required for Priority Class B, but have fewer than 500 full and part-time employees are eligible for Priority Class C.

A nonprofit organization is a nonprofit public benefit organization incorporated pursuant to Part 2 (commencing with section 5110) of Division 2 of Title 1 of the Corporations Code.

In determining the number of employees employed by a nonprofit organization, include only those full and part-time employees employed at the site that is the subject of the claim.

Complete the entire section listing the following information:

Line 1 Check the box if the claimant meets all the requirements and is eligible for placement in Priority Class C as a nonprofit organization.

Line 2 List the total number of employees, both full and part-time. Claimant is not eligible for Priority Class C, if it has more than 499 employees. Claimant is required to submit documentation supporting the number of employees (e.g., Department of Employment payroll report (Form DE-6) for the last four quarters).

SECTION 20 - PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

This priority class is for claims from owners and operators of USTs that do not meet the requirements for any of the other priority classes.

Line 1 Check the appropriate box indicating claimant is selecting Priority Class D. No further priority class information is required.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 18 - PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY.

2. CLAIMANT STATUS: ☐ CITY ☐ COUNTY ☐ LOCAL DISTRICT	3. TOTAL NO. OF EMPLOYEES (FULL AND PART-TIME): _____

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 19 - PRIORITY CLASS C - NONPROFIT ORGANIZATIONS

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - NONPROFIT ORGANIZATION.

2. TOTAL NO. OF EMPLOYEES (FULL AND PART-TIME): _____

NOTE: "NONPROFIT ORGANIZATION" MEANS AN ORGANIZATION INCORPORATED PURSUANT TO THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW (COMMENCING WITH SECTION 5110 OF THE CORPORATIONS CODE).

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 20 - *PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS*

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

SECTION 21 - PRIORITY CLASS WORKSHEET

The priority class of the claim is based on the lowest priority class appropriate for any claimant, including any joint claimant, as well as for the UST owners and operators at the time of discovery of the unauthorized release and 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).

Complete the entire section listing the following information:

Line 1 Complete the Priority Class Worksheet section for the appropriate priority class that the claimant is requesting.

Line 2 Check the box to indicate the priority class which the joint claimant is requesting (if applicable). List the names of any joint claimants, as identified in section 2 of the claim application, and the priority class which each joint claimant is requesting.

Line 3 List the name and indicate the appropriate priority class of the UST owner and operator at the time of the discovery of the unauthorized release.

Line 4 If different than above, list the name and indicate the appropriate priority class of the UST owner and operator at the time of submitting the claim application.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 21 - PRIORITY CLASS WORKSHEET

1. PRIORITY CLASS OF CLAIMANT	☐ A	☐ B	☐ C	☐ D
2. PRIORITY CLASS OF JOINT CLAIMANT A (IF APPLICABLE) NAME OF JOINT CLAIMANT A _____	☐ A	☐ B	☐ C	☐ D
PRIORITY CLASS OF JOINT CLAIMANT B (IF APPLICABLE) NAME OF JOINT CLAIMANT B _____	☐ A	☐ B	☐ C	☐ D
3. PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE NAME OF UST OWNER _____	☐ A	☐ B	☐ C	☐ D
PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OF RELEASE NAME OF UST OPERATOR _____	☐ A	☐ B	☐ C	☐ D
4. PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL NAME OF UST OWNER _____	☐ A	☐ B	☐ C	☐ D
PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL NAME OF UST OPERATOR _____	☐ A	☐ B	☐ C	☐ D

FOR STATE USE ONLY

PRIORITY CLASS FOR THIS CLAIM: _____

NOTE: THE PRIORITY CLASS FOR THIS CLAIM WILL BE DETERMINED BY THE UST CLEANUP FUND.

SECTION 22 - FINANCIAL RESPONSIBILITY

All claimants must be in compliance with applicable financial responsibility requirements to undertake corrective action and to provide compensation to third parties for bodily injury and property damage.

Unless the tank is exempt, all tank owners or operators must meet the financial responsibility requirement.

Refer to the Fund's Financial Responsibility Guide (FR Guide) available at www.waterboards.ca.gov/cwphome/ustcf for a complete description of financial responsibility requirements.

Complete the entire section listing the following information:

Line 1 Check this box if the claimant is exempt from financial responsibility. If claiming an exemption, identify the basis for this exemption. Refer to the FR Guide for further information.

Line 2 Check this box if the claimant is subject to financial responsibility. A completed FR Certification must be on file with the regulatory agency. **Provide a current copy of your Certificate of Financial Responsibility (FR Certification) and a copy of the mechanism(s) identified below.**

Line 3 Identify the date claimant was required to maintain financial responsibility. The deadlines set by the federal regulations are as follows:

- **January 24, 1989** - All petroleum marketing firms owning 1,000 or more USTs and all other UST owners that report a tangible net worth of $20 million or more to the U.S. Securities and Exchange Commission (SEC), Dun and Bradstreet, the Energy Information Administration, or the Rural Electrification Administration;
- **October 26, 1989** - All petroleum marketing firms owning 100-999 USTs;
- **April 26, 1991** - All petroleum marketing firms owning 13-99 USTs;
- **December 31, 1993** - All petroleum UST owners not described in numbers 1, 2, or 3 above, excluding local governmental entities;
- **February 18, 1994** - All local government entities (including Indian tribes) not included in the December 31, 1998, deadline listed below; and
- **December 31, 1998** - Indian tribes that own USTs on Indian lands which meet the applicable technical requirements (such as leak detection requirements).

Line 4 Indicate which mechanisms are being used to demonstrate financial responsibility. If the claimant is using the Fund, indicate an additional mechanism to be used to cover the required deductible. **NOTE: The claimant must comply with all Fund eligibility requirements in order to use the Fund as a financial responsibility mechanism.**

SECTION 22 - FINANCIAL RESPONSIBILITY

1. ☐ CHECK THIS BOX IF EXEMPT FROM FINANCIAL RESPONSIBILITY.

   BASIS FOR EXEMPTION:

   ☐ RESIDENTIAL TANK(S) WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE

   ☐ TANK(S) FOR STORING HEATING OIL USED ONSITE

   ☐ ALL USTS OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE AND NOT REPLACED

   ☐ OTHER: _____

2. ☐ CHECK THIS BOX IF **REQUIRED** TO PROVIIDE FINANCIAL RESPONSIBILITY. **ATTACH A CURRENT COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY" FORM AND A COPY OF THE MECHANISM(S) IDENTIFIED BELOW.**

3. COMPLIANCE DATE: ☐ JANUARY 24, 1989 ☐ OCTOBER 26, 1989 ☐ APRIL 26, 1991 ☐ DECEMBER 31, 1993 ☐ FEBRUARY 18, 1994 ☐ DECEMBER 31, 1998

4. MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING THE FUND, INDICATE THE FINANCIAL RESPONSIBILITY MECHANISM FOR PROVIDING THE REQUIRED DEDUCTIBLE AND INCLUDE A COPY OF THE IDENTIFIED DOCUMENT.

   ☐ TRUST FUND ☐ SURETY BOND ☐ GUARANTEE ☐ SELF-INSURANCE ☐ LETTER OF CREDIT

   ☐ INSURANCE COVERAGE ☐ RISK RETENTION GROUP ☐ STATE FUND ☐ CHIEF FINANCIAL OFFICER LETTER ☐ BOND RATING TEST (GOV'T AGENCY)

   ☐ FUND BALANCE ☐ WORKSHEET TEST ☐ GOVERNMENT GUARANTEE (GOV'T AGENCY) ☐ OTHER: _____

SECTION 23 - NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION

Complete this entire section providing the following information:

If necessary, provide any documentation and/or attachments to explain your answers in detail.

Insurance

Subsection A: Identify whether there is, or has ever been, an insurance policy covering this site. If yes, list the company name, address, policy number, and the name and telephone number of the claim representative for each policy.

Subsection B: Identify whether you have filed, or intend to file, a claim with the insurance carrier(s). If yes, attach an explanation of the status of the claim and copies of the latest correspondence between the claimant and the insurance carrier(s) regarding the claim.

Litigation

Subsection A: Identify whether you have sought, or intend to seek, money from any other party potentially responsible for the unauthorized release. If yes, identify the parties.

Subsection B: Identify whether any legal action has commenced. If yes, provide the case number and the county in which the action has been filed. Attach a copy of the complaint and any subsequent amendments.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ **CLAIMANT** ☐ **JOINT CLAIMANT:** _____

SECTION 23 - NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION

INSURANCE

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? ☐ YES ☐ NO

IF **YES**, LIST THE COMPANY NAME AND ADDRESS, THE POLICY NUMBER, AND THE CLAIM REPRESENTATIVE'S NAME AND TELEPHONE NUMBER FOR EACH POLICY. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

COMPANY NAME	ADDRESS	
REPRESENTATIVE NAME	TELEPHONE NUMBER	POLICY NUMBER
COMPANY NAME	ADDRESS	
REPRESENTATIVE NAME	TELEPHONE NUMBER	POLICY NUMBER
COMPANY NAME	ADDRESS	
REPRESENTATIVE NAME	TELEPHONE NUMBER	POLICY NUMBER

B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? ☐ YES ☐ NO
IF **YES**, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF YOUR LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

LITIGATION

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY OR ANY OTHER FORM OF RELIEF FROM ANY OTHER PARTY POTENTIALLY RESPONSIBLE FOR THE UNAUTHORIZED RELEASE? ☐ YES ☐ NO

IF **YES**, IDENTIFY THE PARTY(IES) BELOW AND ITS NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE, IF ANY.

NAME	ADDRESS	TELEPHONE	REPRESENTATIVE

NAME	ADDRESS	TELEPHONE	REPRESENTATIVE

B. HAS LEGAL ACTION COMMENCED? ☐ YES ☐ NO

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 _____

SECTION 23 - NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION (CONTINUED)

Complete this entire section providing the following information:

Identify all other sources of compensation from which you or anyone acting on your behalf has or expects to receive in relation to the unauthorized release. If necessary, provide any documentation and/or attachments to explain your answers in detail.

Other Sources of Compensation

Subsection A: Identify whether you or anyone acting on your behalf has received 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). If yes, then list the date, source, purpose, and amount of each payment.

Subsection B: Identify whether you or anyone acting on your behalf has received funds related to the unauthorized release but not directly for the cleanup of the contamination that is the subject of the claim. If yes, submit documentation (e.g. settlement agreement, pleading, judgments or any other such document) that identifies the purpose for which the money was received.

Subsection C: Identify whether you or anyone acting on your behalf is obligated to repay any part of the funds. If yes, attach documentation indicating the amount to be repaid.

Subsection D: Identify whether you or anyone acting on your behalf expects to receive funds from any source at anytime in the future that are related to the unauthorized release. If yes, explain.

SECTION 23 - NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION (CONTINUED)

OTHER SOURCES OF COMPENSATION

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECIEVED 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 OF HOW THE FUNDS WERE CHARACTERIZED) THAT ARE RELATED TO OR PAID IN CONSIDERATION FOR THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF YOUR CLAIM? ☐ YES ☐ NO

IF **YES**, ATTACH COPIES OF ALL SUCH DOCUMENTS, AND LIST EACH SOURCE OF FUNDS AND THE AMOUNT BELOW:

DATE	SOURCE	IN PAYMENT OF	AMOUNT

B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE UNAUTHORIZED RELEASE BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION THAT IS THE SUBJECT OF THE CLAIM? ☐ YES ☐ NO

IF **YES**, SUBMIT DOCUMENTATION (SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER SUCH DOCUMENT) THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.

C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED OR TO BE RECEIVED? ☐ YES ☐ NO

IF **YES**, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAID.

D. DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE FUNDS RELATED TO THE UNAUTHORIZED RELEASE AT ANYTIME IN THE FUTURE? ☐ YES ☐ NO

IF **YES**, EXPLAIN.

SECTION 24 - CLAIMANT CERTIFICATION

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, knowingly provides a false statement or declaration in this section, the claim may be disqualified from the Fund pursuant to Fund regulations, section 2812.8.

SECTION 25 - CLAIMANT VERIFICATION AND SIGNATURE

All claimants, including any joint claimants, must sign and date the claim application. If you are filing as a married couple, both spouses must sign and date the claim application. All signatures must be original. **The Fund will not accept any reproduced or copied signatures**. Use additional copies of the signature page if necessary.

If you are signing on behalf of a corporation, limited liability company, partnership, trust or estate, identify your title as it relates to the claimant/joint claimant to show that you have the authority to sign on behalf of the claimant/joint claimant. You may be required to submit documentation proving that you have the authority to sign on behalf of the claimant/joint claimant. The following table clarifies these signatory requirements.

SIGNATORY REQUIREMENTS TABLE

ENTITY TYPE	SIGNATORIES
Individual	Claimants filing as individuals need not identify a title.
Trust	Trustee of the trust as stated in the Declaration of Trust or Trust Agreement.
Corporation	President, Chief Executive Officer (CEO), Chairman of the Board, or Chief Operating Officer (COO).
General Partnership	A general partner.
Limited Partnership	A general partner.
Limited Liability Partnership	A general partner.
Limited Liability Company	A manager of the limited liability company.
Estate	Current executor or administrator of the estate as specified in the Letters Testamentary or Letters of Administration.

SECTION 24 - CLAIMANT CERTIFICATION

EACH CLAIMANT/JOINT CLAIMANT HEREBY CERTIFY THAT:

1. CLAIMANT IS THE OWNER OR OPERATOR OF A UST FROM WHICH THERE HAS BEEN AN UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM TO THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF DIVISION 20 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC) (HEREAFTER REFERRED TO AS CHAPTER 6.75.). CLAIMANT MEETS ALL ELIGIBILITY REQUIREMENTS CONTAINED IN CHAPTER 6.75 AND IS 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 HAS OBTAINED ANY PERMITS REQUIRED BY CHAPTER 6.7 OF DIVISION 20 OF THE H&SC (HEREAFTER REFERRED TO AS CHAPTER 6.7) OR REQUESTED WAIVER OF THAT FUND ELIGIBILITY REQUIREMENT. CLAIMANT WILL CONTINUE TO COMPLY WITH THE PERMIT REQUIREMENTS OF CHAPTER 6.7.
4 CLAIMANT IS IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (CALIFORNIA CODE OF REGULATIONS, TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. CLAIMANT HAS PAID ALL APPLICABLE STORAGE FEES, INTEREST, AND PENALTIES AS REQUIRED BY CHAPTER 6.75.
6. FOR COSTS CLAIMED AND THAT WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT WAS
   - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND DIVISION 7 OF THE WATER CODE; AND
   - (B) CONSISTENT WITH ORAL OR WRITTEN ORDERS, DIRECTIVES, APPROVALS, OR NOTIFICATION OF CLEANUP RESPONSIBILITY BY THE LOCAL REGULATORY AGENCY OR REGIONAL WATER QUALITY CONTROL BOARD AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
7. FOR COSTS CLAIMED AND THAT WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT:
   - (A) IS IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.7 AND IMPLEMENTING REGULATIONS;
   - (B) HAS NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE 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; AND
   - (C) IS PERMITTED OR REQUIRED BY THE LOCAL REGULATORY AGENCY OR REGIONAL WATER QUALITY CONTROL BOARD TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
8. IF CLAIMANT WAS AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
9. CLAIMANT HAS DISCLOSED ANY KNOWN FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
10. CLAIMANT FULLY UNDERSTANDS THAT THE STATE WATER BOARD, 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 RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
11. CLAIMANT UNDERSTANDS THAT THE CLAIMANT MUST RETAIN ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION 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 MUST BE MADE AVAILABLE TO THE STATE WATER BOARD OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
12. CLAIMANT UNDERSTANDS THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE STATE WATER BOARD OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE FUND FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

SECTION 25 - 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 _____ 20_____

_____
CLAIMANT SIGNATURE

_____
CLAIMANT PRINTED NAME TITLE

_____
JOINT CLAIMANT SIGNATURE

_____
JOINT CLAIMANT PRINTED NAME TITLE

Claim Application Checklists

The following checklists are to assist claimants in ensuring that they submit all required documents with the claim application. Fill out the application and any other appropriate documents completely. An incomplete application package will delay the processing of your claim and may result in the denial of your claim. Where appropriate, label each document with a reference to the appropriate claim application section. After the initial review of your claim application, the Fund may request additional documentation. The Fund will notify you upon completion of the initial review of your application.

√ CHECKLIST FOR REQUIRED DOCUMENTATION

☐	***CLAIM APPLICATION*** Application must be complete and include the original ink signatures of all applicants. The person(s) who signs the claim application must sign all Fund documents (unless a valid Power of Attorney is submitted).
☐	***SITE MAP*** Attach a scaled site map with the location and I.D. number for all UST(s), fuel dispensers, product lines, vapor recovery lines, etc., ever used at this site. Show relation to property lines and structures and include other potential sources of contamination such as AST(s), sumps, etc. Indicate sample locations, include a north arrow, and show the distance relative to the nearest public roads.
☐	***DOCUMENTATION TO SUPPORT ENTITY TYPE*** Refer to the table on page ii of the Claim Application to determine the appropriate document to submit to verify the entity type you are claiming.
☐	***UNAUTHORIZED RELEASE (LEAK) CONTAMINATION SITE REPORT (URF) / RELEASE CONFIRMATION*** ❑ Reporting/discovery documentation (URF) signed and dated by the regulatory agency of the unauthorized release of petroleum that is the subject of the claim application. ❑ Written confirmation by the regulatory agency of the unauthorized release of petroleum that is the subject of the claim application.
☐	***CORRECTIVE ACTION INITIATION (Prior to 6/30/88)*** If the unauthorized release was discovered prior to January 1, 1988, and corrective action was initiated after June 30, 1988, you must submit documentation of the date when the regulatory agency first directed you to conduct corrective action.
☐	***REGULATORY AGENCY DIRECTIVE / CORRECTIVE ACTION COMPLIANCE*** Submit a copy of the first corrective action directive or order issued by the regulatory agency showing that the claimant was or is being directed to clean up an unauthorized release at the subject site.
☐	***REGULATORY AGENCY / CONSULTANT REPORTS*** ❑ UST removal reports - complete copy of the consultant's report and a copy of the regulatory agency's removal reports. ❑ Provide a copy of all environmental site assessments, including all Phase I (preliminary assessment) reports and all Phase II supplemental assessment reports.
☐	***CERTIFICATION OF FINANCIAL RESPONSIBILITY (FR Certification)*** If the claimant is subject to the financial responsibility requirements (refer to page 8 of the Financial Responsibility Guide (FR Guide) for appropriate compliance date), submit a copy of the FR Certification that is on file with the local regulatory agency. If you use the Fund as a financial responsibility mechanism, you must choose an additional mechanism for your deductible. (See page 20 of FR Guide.) ❑ FR Certification ❑ Mechanism used to demonstrate financial responsibility. If the claimant is using the Fund as the primary mechanism, indicate which mechanism is being used to cover the required deductible.
☐	***BOARD OF EQUALIZATION UST STORAGE FEE*** If any fuel or waste oil was placed in the UST(s) after 1/1/91, provide proof of payment of fees. For additional information regarding this fee, visit the Board of Equalization's website at www.boe.ca.gov or call 1-800-400-7115.

√ CHECKLIST FOR REQUIRED PERMIT DOCUMENTATION

☐	***EXEMPTION FROM PERMIT REQUIREMENTS*** A UST or residential tank is exempt from H&SC, Division 20, Chapter 6.7 permitting requirements if: 1. The UST was decommisioned under the direction of the regulatory agency prior to January 1, 1984. Claimant must submit a copy of the regulatory agency's decommission statement (documentation) to substantiate. 2. The subject tank is a residential home heating oil tank with a capacity of 1,100 gallons or less.
☐	***PERMIT COMPLIANCE*** The Fund claimant must have obtained any UST permit required under Chapter 6.7 of Division 20 of the H&SC when the claimant first became subject to UST permitting requirements or when the applicable local agency began issuing UST permits, whichever is later. Provide copies of the following documents: ❑ First permit claimant obtained ❑ Temporary closure permit(s) and/or removal permit ❑ Latest permit to own/operate prior to removal ❑ Current permit if UST(s) replaced ❑ Upgrade Certification (12/22/98 deadline) ❑ If upgraded after 12/22/98, then provide the following along with backup documentation: 1. Date operation of UST(s) ceased 2. Date UST(s) emptied 3. Temporary/permanent closure permit for UST(s) **Exceptions to the Above** If a Fund claimant acquires real property where a UST is situated, and despite reasonable diligence, the claimant was unaware of the UST at the time the real property was acquired, the claimant can demonstrate permit compliance if the claimant obtains a UST permit within a reasonable period of time, not to exceed one year, from when the claimant should have become aware of the UST or when the local agency began issuing permits, whichever occurs later. **Permit Waiver** If the claimant did not obtain any permit required under Chapter 6.7 of Division 20 of the H&SC, the claimant may seek a waiver of the requirement. Complete and submit a Permit Waiver Request form. Permit Waiver Request forms are available at http://www.waterboards.ca.gov/cwphome/ustcf.
☐	***PERMIT WAIVER REQUEST FORM***

√ CHECKLIST FOR REQUIRED PRIORITY CLASS DOCUMENTATION

☐	***PRIORITY CLASS A*** ❑ Documentation that the tank is located on residential property (e.g., current property tax bill).
☐	***PRIORITY CLASS B*** Submit federal tax returns and supporting documentation to support the request for this priority class. ❑ Cities, counties, and districts must submit a copy of their Annual Report of Financial Transactions as submitted to the State Controller's Office for the latest fiscal year prior to the date of claim application submittal. ❑ Non-profit organizations must submit a copy of their latest annual fiscal report filed with the Registry of Charitable Trusts or a copy of their federal tax records for the latest fiscal year (e.g., Form 990). ❑ Provide federal tax returns for the last three years (prior to date of claim application) **or** a copy of your Small Business Certification. ❑ Submit documentation identifying the number of full and part-time employees that they, together with all affiliates, employ (e.g., DE3/DE6-for the last four quarters prior to date of claim application submittal). Must employ 100 or fewer full and part-time employees (cities, counties, districts, and non-profit organizations excluded). Claimants who do not have any employees must submit a letter stating that they and their affiliates do not have any employees. This letter must be signed by the claimant under penalty of perjury and must have the claimant's original ink signature.
☐	***PRIORITY CLASS C*** ❑ Submit documentation identifying the number of employees (e.g., DE3/DE6-for the last four quarters prior to date of claim application submittal). Claimants and their affiliates must employ fewer than 500 full and part-time employees.

√ CHECKLIST FOR ADDITIONAL DOCUMENTATION

Claimants *may* need to submit the following items below, if applicable to their claim.

☐	***PURCHASE DOCUMENTS*** If the site was acquired after or close to the date of the discovery of the release, provide date/signed purchase documents. ❑ Purchase offer ❑ Purchase agreement (final) ❑ Appraisal report ❑ Escrow instructions
☐	***THIRD PARTY COSTS*** If you are claiming third party compensation costs, submit a copy of the final judgment or court-approved settlement or arbitration award. Provide technical reports and/or invoices to substantiate third party costs.
☐	***CERTIFICATION OF COMPLIANCE WITH HEALTH & SAFETY CODE SECTION 25299.54(h)*** If the subject UST has ever been owned or operated by anybody other than the claimant/joint-claimant, then the claimant/joint-claimant must complete the Certificate of Compliance with Health & Safety Code section 25299.54(h).
☐	***CO-PAYEE AGREEMENT / "ON BEHALF OF" AGREEMENT*** If applicable, submit a copy of the dated/signed financial agreement or "on behalf of" agreement between the claimant and designated co-payee.
☐	***ASSIGNMENT*** If applicable, submit a copy of the dated/signed assignment agreement.
☐	***POWER OF ATTORNEY (POA)*** Submit a POA, authorizing a representative to sign and file documents related to the Fund claim on the claimant's behalf. This POA must be dated, **notarized or properly witnessed**, and have the original ink signatures of both the claimant and the designated representative.
☐	***UST CLOSURE LETTER & CASE CLOSURE SUMMARY***

APPENDIX A

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PROGRAM
ADMINISTERING COUNTY PUBLIC AGENCIES

CODE	COUNTY	PUBLIC AGENCY
01	ALAMEDA	ENVIRONMENTAL HEALTH
02	ALPINE	HEALTH DEPARTMENT
03	AMADOR	ENVIRONMENTAL HEALTH
04	BUTTE	ENVIRONMENTAL HEALTH
05	CALAVERAS	ENVIRONMENTAL HEALTH
06	COLUSA	ENVIRONMENTAL HEALTH
07	CONTRA COSTA	OCCUPATIONAL HEALTH
08	DEL NORTE	PUBLIC HEALTH DEPARTMENT
09	EL DORADO	DIVISION OF WASTE MANAGEMENT
10	FRESNO	ENVIRONMENTAL HEALTH SYSTEMS
11	GLENN	AIR POLLUTION CONTROL DISTRICT
12	HUMBOLDT	ENVIRONMENTAL HEALTH
13	IMPERIAL	PLANNING & BUILDING INSP. DEPT.
14	INYO	ENVIRONMENTAL HEALTH
15	KERN	ENVIRONMENTAL HEALTH
16	KINGS	DIVISION OF ENVIRO. SERVICES
17	LAKE	ENVIRONAMENTLA HEALTH DIVISION
18	LASSEN	DEPARTMENT OF AGRICULTURE
19	LOS ANGELES	WASTE MANAGEMENT DIVISION
20	MADERA	ENVIRONMENTAL HEALTH
21	MARIN	WASTE MANAGEMENT
22	MARIPOSA	HEALTH DEPARTMENT
23	MENDOCINO	ENVIRONMENTAL HEALTH
24	MERCED	ENVIRONMENTAL HEALTH
25	MODOC	AGRICULTURE COMMISSION
26	MONO	HEALTH DEPARTMENT
27	MONTEREY	ENVIRONMENTAL HEALTH
28	NAPA	ENVIRONMENTAL MANAGEMENT
29	NEVADA	HEALTH DEPARTMENT

CODE	COUNTY	PUBLIC AGENCY
30	ORANGE	ENVIRONMENTAL HEALTH
31	PLACER	ENVIRONMENTAL HEALTH
32	PLUMAS	ENVIRONMENTAL HEALTH
33	RIVERSIDE	ENVIRONMENTAL HEALTH
34	SACRAMENTO	ENVIRONMENTAL MANAGEMENT
35	SAN BENITO	HEALTH DEPARTMENT
36	SAN BERNARDINO	ENVIRONMENTAL HEALTH SERVICES
37	SAN DIEGO	DIV. OF ENV. HEALTH, HMMD DIV.
38	SAN FRANCISCO	DEPARTMENT OF PUBLIC HEALTH
39	SAN JOAQUIN	ENVIRONMENTAL/HEALTH DIVISION
40	SAN LUIS OBISPO	ENVIRONMENTAL HEALTH
41	SAN MATEO	ENVIRONMENTAL HEALTH
42	SANTA BARBARA	ENVIRONMENTAL HEALTH SERVICES
43	SANTA CLARA	PUBLIC HEALTH – TOXICS
44	SANTA CRUZ	ENVIRONMENTAL HEALTH
45	SHASTA	ENVIRONMENTAL HEALTH
46	SIERRA	RURAL HEALTH SERVICES
47	SISKIYOU	ENVIRONMENTAL HEALTH
48	SOLANO	ENVIRONMENTAL HEALTH SERVICES
49	SONOMA	PUBLIC HEALTH
50	STANISLAUS	ENVIRONMENTAL RESOURCES
51	SUTTER	DEPARTMENT OF AGRICULTURE
52	TEHAMA	ENVIRONMENTAL HEALTH
53	TRINITY	DEPARTMENT OF HEALTH
54	TULARE	ENVIRONMENTAL HEALTH
55	TOULUMNE	ENVIRONMENTAL HEALTH
56	VENTURA	ENVIRONMENTAL HEALTH
57	YOLO	ENVIRONMENTAL HEALTH
58	YUBA	OFFICE OF EMERGENCY SERVICES

APPENDIX A

STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PROGRAM
ADMINISTERING CITY PUBLIC AGENCIES

CODE	CITY	PUBLIC AGENCY
3011	ANAHEIM	FIRE PREVENTION DIVISION
15021	BAKERSFIELD	FIRE DEPARTMENT
01020	BERKELEY	TOXICS PROGRAM
19007	BURBANK	FIRE DEPARTMENT
43008	CAMPBELL	FIRE DEPARTMENT
43012	CUPERTIO	CENTRAL FIRE DISTRICT
01009	FREMONT	FIRE PREVENTION BUREAU
30013	FULLERTON	FIRE DEPARTMENT, UST SECTION
43002	GILROY	CITY HALL
19070	GLENDALE	FIRE DEPARTMENT
01003	HAYWARD	FIRE DEPARTMENT
49002	HEALDSBERG	FIRE DEPARTMENT
36082	HESPERIA	FIRE PREVENTION DEPARTMENT
35031	HOLLISTER	ENVIRONMENTAL SERVICES
19060	LONG BEACH	FIRE DEPARTMENT
19050	LOS ANGELES	BUR. FIRE PREV. & PUBLIC SAFETY
43003	LOS GATOS	CENTRAL FIRE DISTRICT
43011	MILIPITAS	FIRE DEPARTMENT
43004	MORGAN HILL	FIRE DEPARTMENT
43005	MOUNTAIN VIEW	FIRE DEPARTMENT
01008	NEWARK	FIRE DEPARTMENT
30030	ORANGE	FIRE DEPARTMENT
04004	OROVILLE	FIRE DEPARTMENT

CODE	CITY	PUBLIC AGENCY
43006	PALO ALTO	FIRE DEPARTMENT
19080	PASADENA	FIRE DEPARTMENT
01006	PLEASANTON	FIRE DEPARTMENT
31015	ROSEVILLE	FIRE DEPARTMENT
34060	SACRAMENTO	FIRE DEPARTMENT
43060	SAN JOSE	FIRE DEPARTMENT
01007	SAN LEANDRO	FIRE DEPARTMENT
40023	SAN LUIS OBISPO	FIRE DEPARTMENT
21028	SAN RAFAEL	FIRE DEPARTMENT
30020	SANTA ANA	FIRE DEPARTMENT
43010	SANTA CLARA	FIRE DEPARTMENT
19033	SANTA MONICA	ENVIRONMENTAL PROGRAMS
49060	SANTA ROSA	FIRE DEPARTMENT
44054	SCOTTS VALLEY	DEPARTMENT OF PUBLIC WORKS
49005	SEBASTOPOL	FIRE DEPARTMENT
43007	SUNNYVALE	DEPARTMENT OF PUBLIC SAFETY
19038	TORRANCE	FIRE PREVENTION DIVISION
01011	UNION CITY	FIRE DEPARTMENT
48087	VALLEJO	FIRE DEPARTMENT
56020	VENTURA	FIRE DEPARTMENT
19039	VERNON	ENVIRONMENTAL HEALTH
36072	VICTORVILLE	FIRE DEPARTMENT
44052	WATSONVILLE	FIRE DEPARTMENT

(REVISED 01/08)

APPENDIX B

REQUIRED FINANCIAL DOCUMENT SUBMISSION REQUIREMENTS
PRIORITY CLASS "B"

The following federal tax returns (FTRs) or other financial documents are required to determine gross annual receipts for Priority B classification. Claimants must submit complete FTRs **for the last three years**, including all supporting schedules and forms.

ENTITY TYPE	REQUIRED FINANCIAL DOCUMENTS		
INDIVIDUAL	Valid Office of Small Business (OSMB) small business certification.	OR	FTR 1040 for the last three years. *Provide the following for affiliates identified on Schedule E:* Partnership: Limited partner, submit K1. General partner, submit K1 and FTR 1065. S Corporation: If non passive income or loss is identified on Schedule E, submit FTR 1120S. *Estates/Trusts: All claimants must submit their K1. If a claimant is both a trustee and a beneficiary, submit K1 and FTR 1041.
*ESTATE/TRUST	Valid OSMB small business certification.	OR	FTR 1041 for the last three years. *Provide the following for affiliates identified on Schedule E:* Partnership: Limited partner, submit K1. General partner, submit K1 and FTR 1065. S Corporation: If non passive income or loss is identified on Schedule E, submit FTR 1120S. *Estates/Trusts: All claimants must submit their K1. If a claimant is both a trustee and a beneficiary, submit K1 and FTR 1041.
PARTNERSHIP	Valid OSMB small business certification.	OR	Submit FTR 1065 for the last three years.
CORPORATION	Valid OSMB small business certification.	OR	Submit FTR 1120 for the last three years. Submit audited financial statements for the last three years
LIMITED LIABILITY COMPANY	Valid OSMB small business certification.	OR	Filing as sole proprietorship: submit FTR 1040 for the last three years and Schedule E affiliate information, as required for individuals. Filing as a partnership: submit FTR 1065 for the last three years. Filing as a corporation: submit FTR 1120 for the last three years of record.
NONPROFIT	Annual fiscal report filed with the Registry of Charitable Trusts	OR	Submit FTR 990 for the latest fiscal year.
LOCAL ENTITY			Report of Financial transactions submitted to the State Controller for the latest fiscal year ending prior to the date of application

*NOTE: If a trust or estate has not filed a FTR, provide the appropriate FTRs for the appropriate individual or related entity.

Revised 01/08

APPENDIX C

CALIFORNIA
Water Boards

STATE WATER RESOURCES CONTROL BOARD
REGIONAL WATER QUALITY CONTROL BOARDS

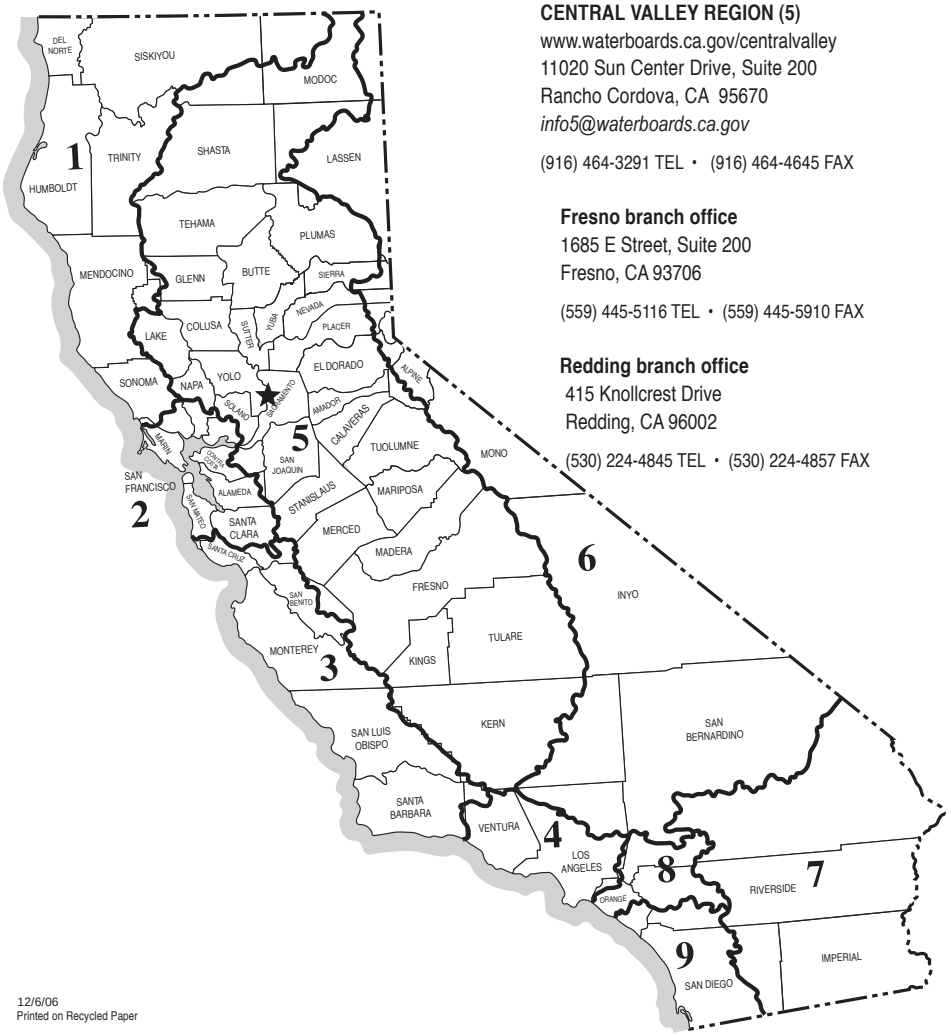
Office of Public Affairs: (916) 341-5254
Office of Legislative Affairs: (916) 341-5251

Financial Assistance information: (916) 341-5700
Water Quality information: (916) 341-5455
Water Rights information: (916) 341-5300

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARDS

NORTH COAST REGION (1)
www.waterboards.ca.gov/northcoast
5550 Skylane Blvd., Suite A
Santa Rosa, CA 95403
info1@waterboards.ca.gov
(707) 576-2220 TEL • (707) 523-0135 FAX

SAN FRANCISCO BAY REGION (2)
www.waterboards.ca.gov/sanfranciscobay
1515 Clay Street, Suite 1400
Oakland, CA 94612
info2@waterboards.ca.gov
(510) 622-2300 TEL • (510) 622-2460 FAX



CENTRAL COAST REGION (3)
www.waterboards.ca.gov/centralcoast
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401
info3@waterboards.ca.gov
(805) 549-3147 TEL • (805) 543-0397 FAX

LOS ANGELES REGION (4)
www.waterboards.ca.gov/losangeles
320 W. 4th Street, Suite 200
Los Angeles, CA 90013
info4@waterboards.ca.gov
(213) 576-6600 TEL • (213) 576-6640 FAX

CENTRAL VALLEY REGION (5)
www.waterboards.ca.gov/centralvalley
11020 Sun Center Drive, Suite 200
Rancho Cordova, CA 95670
info5@waterboards.ca.gov
(916) 464-3291 TEL • (916) 464-4645 FAX

Fresno branch office
1685 E Street, Suite 200
Fresno, CA 93706
(559) 445-5116 TEL • (559) 445-5910 FAX

Redding branch office
415 Knollcrest Drive
Redding, CA 96002
(530) 224-4845 TEL • (530) 224-4857 FAX

LAHONTAN REGION (6)
www.waterboards.ca.gov/lahontan
2501 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150
info6@waterboards.ca.gov
(530) 542-5400 TEL • (530) 544-2271 FAX

Victorville branch office
14440 Civic Drive, Suite 200
Victorville, CA 92392
(760) 241-6583 TEL • (760) 241-7308 FAX

COLORADO RIVER BASIN REGION (7)
www.waterboards.ca.gov/coloradoriver
73-720 Fred Waring Dr., Suite 100
Palm Desert, CA 92260
info7@waterboards.ca.gov
(760) 346-7491 TEL • (760) 341-6820 FAX

SANTA ANA REGION (8)
www.waterboards.ca.gov/santaana
California Tower
3737 Main Street, Suite 500
Riverside, CA 92501-3339
info8@waterboards.ca.gov
(951) 782-4130 TEL • (951) 781-6288 FAX

SAN DIEGO REGION (9)
www.waterboards.ca.gov/sandiego
9174 Sky Park Court, Suite 100
San Diego, CA 92123
info9@waterboards.ca.gov
(858) 467-2952 TEL • (858) 571-6972 FAX

★ **State Water Resources Control Board** (Headquarters)
1001 I Street, Sacramento, CA 95814

State of California
Arnold Schwarzenegger, Governor

California Environmental Protection Agency
Linda S. Adams, Secretary

State Water Resources Control Board
Tam M. Doduc, Chair

12/6/06
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