MAILING ADDRESS: STATE WATER RESOURCES CONTROL BOARD DIVISON OF FINANCIAL ASSISTANCE UST CLEANUP FUND P.O. BOX 944212 SACRAMENTO, CA 94244-2120 PHYSICAL ADDRESS: STATE WATER RESOURCES CONTROL BOARD DIVISON OF FINANCIAL ASSISTANCE UST CLEANUP FUND 1001 I STREET SACRAMENTO, CA 95814

PERMIT COMPLIANCE CERTIFICATION FORM

	CLAIM NO.:
CLAIMANT NAME:	
SITE ADDRESS:	
Access to the Underground Storage Tank Cleanup compliance is satisfied if the claimant obtains a US section 25284 when the claimant became subject applicable local agency began issuing UST permit compliance with the UST permitting requirements. requirement, but no longer have copies of the required permits but no longer have copies of the permittending to show that the claimant obtained the required permit applications, records of payment determining whether a claimant has complied with (commencing with Section 25280), the Fund will condocumentation available from the applicable local documentation that the claimant wishes the Fund to	to UST permit under Health and Safety Code (H&SC) to UST permitting requirements or when the s, whichever is later, and the claimant maintained Claimants who complied with the permit uired permits can certify that they obtained the permits and provide any other documentation uired permits, including, but not limited to, of permit fees, and inspection reports. In the permit requirements of Chapter 6.7 possider all available documentation, including any agency. The claimant should attach any available
I (WE) HEREBY CERTIFY UNDER PENALTY OF KNOWLEDGE AND BELIEF, I (WE) COMPLIED V AND SAFETY CODE SECTION 25284, BUT NO L PERMITS. I (WE) ARE ATTACHING TRUE AND O DOCUMENTS TENDING TO SHOW THAT I (WE)	VITH THE PERMIT REQUIREMENT IN HEALTH LONGER HAVE COPIES OF THE REQUIRED CORRECT COPIES OF THE AVAILABLE
CLAIMANT NAME:	
CLAIMANT SIGNATURE:	DATE:
JOINT CLAIMANT NAME:	
JOINT CLAIMANT SIGNATURE:	DATE: