



MAILING ADDRESS:
 STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF FINANCIAL ASSISTANCE
 UST CLEANUP FUND
 P.O. BOX 944212
 SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:
 STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF FINANCIAL ASSISTANCE
 UST CLEANUP FUND
 1001 I STREET
 SACRAMENTO, CA 95814

CERTIFICATE OF COMPLIANCE WITH HEALTH & SAFETY CODE SECTION 25299.54(h)

CERTIFICATION OF CLAIMANT AS TO KNOWLEDGE OF UST(S), ELIGIBILITY OF PRIOR OWNER OR OPERATOR, AND NON-AFFILIATION OF CLAIMANT WITH PRIOR OWNER OR OPERATOR

CLAIM NO.:

CLAIMANT/JOINT CLAIMANT NAME:

SITE ADDRESS:

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 this form, certifying that he or she has complied with Health & Safety Code section 25299.54(h).

1. When was the subject UST(s) installed? _____

2. When did you become the owner and/or operator of the UST? _____

I understand that pursuant to section 25299.54(h)(1) of the Health & Safety Code, if I acquired the subject site on which an underground storage tank or residential tank was situated, I am not eligible for reimbursement of costs associated with an occurrence that commenced before I acquired the site if the following two conditions existed: (1) I knew of, or in exercise of reasonable diligence would have discovered, the underground storage tank or residential tank; and (2) any person who owned the site or owned or operated an underground storage tank or residential tank at the site during or after the occurrence and prior to my acquisition would not have been eligible for reimbursement from the Underground Storage Tank Cleanup Fund (Fund). However, section 25299.54(h)(2) further provides that despite the ineligibility of a previous owner or operator, an otherwise eligible claimant may be reimbursed if the claimant is not and never has been an affiliate of any person whose act or omission caused or would cause ineligibility for the Fund. One or both of the conditions listed in section 25299.54(h)(1) are not present or I am not now, and was not in the past, an affiliate of any person whose act or omission caused or would cause ineligibility for the Fund for this occurrence. Therefore, section 25299.54(h) of the Health & Safety Code does not preclude my eligibility for the Fund. (Note: To assess the previous owner or operator's eligibility [compliance with permit requirement and corrective action requirements], you can review records at the local underground storage tank permitting agency and at the lead agency providing oversight of the corrective action.)

As the undersigned claimant/joint-claimant to the Fund, I hereby declare under penalty of perjury that all of the information I have provided in this form is true and correct to the best of my knowledge and belief. I certify that I am not now, nor have I been in the past, an affiliate of any person whose act or omission caused or would cause ineligibility for the Fund for this occurrence. I understand that my claim may be removed from the Priority List if it is later discovered that any of the information contained herein, or in the claim application or other documents submitted to the Fund, has been misrepresented.

CLAIMANT/JOINT CLAIMANT NAME: _____

SIGNATURE: _____ DATE: _____