

**State Water Resources Control Board
Underground Storage Tank Cleanup Fund**

**REQUEST FOR CHANGE IN CLAIMANT
OR JOINT CLAIMANT IDENTIFICATION INSTRUCTIONS**

Use the instructions below to complete the Request for Change in Claimant or Joint Claimant Identification Form (Form). Claimants should use this form to change the name of a claimant and/or joint claimant or a claim. The request for change may be due to a death or other circumstances.

All sections of the form **must** be completed and submitted with the appropriate documentation to be accepted by the Fund. Forms can be submitted via mail, electronically to USTCF_Payments@waterboards.ca.gov, or by fax to (916) 341-5806.

Change To Section – Select the box to indicate which party this request for change will affect. (NOTE: If a change is being requested for the claimant and joint claimant, two separate forms will need to be completed.)

Reason for Change Section – Select the box to indicate the reason for the change. If the reason is for a situation other than a death, select the other box and provide a brief description.

Section A (Claimant Information) – Enter the claimant name and claim number as it appears on Fund records. Enter the new name and/or DBA.

Section B (Mailing Information) – Enter the new contact information for the claimant/joint claimant and/or contact person.

Section C (Claimant Status) – Check the appropriate entity status box. Enter the SSN or EIN of the claimant and/or joint claimant. If more than one claimant is associated with the claim, each must provide their SSN (i.e. husband and wife).

Section D (Certification, Verification, and Signature) – Read the certification in its entirety and sign on the line to certify that the information contained on this form is complete and accurate. The person(s) signing should be both the claimant and joint claimant (if applicable) or a person with authority to act on the claimant's behalf (as authorized by a Power-of-Attorney Form).

(NOTE: Ensure you are submitting the Form with the appropriate documentation to support your request. For a death, refer to the Transferring a Claim Upon a Claimant or Joint Claimant Death document on the Fund's web site at:

http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/claim_application_forms/cid_trans_process.pdf)



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 17TH FLOOR
 SACRAMENTO, CA 95814

REQUEST FOR CHANGE IN CLAIMANT OR JOINT CLAIMANT IDENTIFICATION
(If only changing address, use Claimant Contact Information Form)

You must complete this form if your name, entity type, and/or tax identification number has changed. Enter your new information exactly as you would like it to appear on your Letter of Commitment, reimbursement check, and all other documents that are mailed to you. The Fund cannot update your information if this form is illegible or incomplete. The Fund may request additional information from you to support your request for a change in your claimant or joint claimant information. The Fund reserves the right to deny any Request for Change in Claimant or Joint Claimant Identification. If you have any questions about completing this form, call the Fund at 1-800-813-FUND.

Name change only: Complete sections 1, 3, and 4.

Name and address change: Complete sections 1, 2, 3, and 4.

1. CLAIMANT NAME (As it currently appears on Fund records):	CLAIM NUMBER:
NEW CLAIMANT NAME:	
DOING BUSINESS AS (DBA) (if applicable):	

2. NEW MAILING ADDRESS:	Number/Street or P.O. Box:	City:	State:	Zip:
IN CARE OF:		ATTENTION:		
CLAIMANT'S TELEPHONE NUMBER:		CLAIMANT'S FAX NUMBER:		
CLAIMANT'S E-MAIL ADDRESS:				
CONTACT PERSON'S NAME:		CONTACT PERSON'S POSITION/TITLE:		
CONTACT PERSON'S TELEPHONE NUMBER:		CONTACT PERSON'S FAX NUMBER:		
CONTACT PERSON'S E-MAIL ADDRESS:				

3. 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 ENTERED ABOVE.				
<input type="checkbox"/>	INDIVIDUAL:	-	-	(INDIVIDUAL'S SSN)
<input type="checkbox"/>	SOLE PROPRIETORSHIP:	-	-	(OWNER'S SSN)
<input type="checkbox"/>	PARTNERSHIP:	GENERAL	LIMITED	(PARTNERSHIP'S EIN)
		LIMITED LIABILITY	-	
<input type="checkbox"/>	CORPORATION:	PROFIT	-	(CORPORATION'S EIN)
		NON PROFIT	-	
<input type="checkbox"/>	LLC:	SOLE PROPRIETORSHIP	-	(OWNER'S SSN)
		PARTNERSHIP	-	(ENTITY'S EIN)
		CORPORATION	-	
<input type="checkbox"/>	TRUST:	REVOCABLE	-	(OWNER'S SSN)
		IRREVOCABLE	-	(TRUST'S EIN)
<input type="checkbox"/>	ESTATE:	-	-	(ESTATE'S EIN)
<input type="checkbox"/>	OTHER: PLEASE SPECIFY	-	-	(ENTITY'S EIN)

4. CLAIMANT OR JOINT CLAIMANT CERTIFICATION, VERIFICATION, AND SIGNATURE

Claimant or Joint Claimant hereby certifies 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 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 (Regional Water 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 Board of the release that is the subject of this claim and has 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 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 Resources Control Board (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 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 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 are subject to audit by the State Water Board or any representative thereof. Claimant will reimburse the Fund for any costs disallowed pursuant to such an audit.

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

Executed At _____

On This _____ Day of _____ 20 _____

Claimant or Joint Claimant Signature

Claimant or Joint Claimant Printed Name

Title

STATE USE ONLY

Signature Verified

Old Labels Removed

Form 204 (If applicable)

LOC Amended

Data Entered

Date

Reviewer Initials

Approval Date