

IUST

Grants for Installing Underground Storage Tanks APPLICATION

This application provides required information to apply for an underground storage tank installation grant through the RUST Program. Complete and submit this application with all required documentation to the above address.

APPLICANT INFORMATION				
This application is being filed by: <input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> UST Owner & Operator				
Business Name			Fed Tax ID *	
Contact Person/Title			SSN *	
Project Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
E-Mail Address	Telephone No.	Cell No.	Fax No.	
Applicant Status <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other				
Please answer the following:				
1. Were tanks installed within last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Is this business independently owned and operated?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Is this business dominant statewide in its field of operation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Does this business employ fewer than 500 full/part time employees?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Please attach the following:				
<ul style="list-style-type: none"> • Copy of Applicant's most recent California Tax Return (Business & Individuals). • Copy of Permit to Install from Local Authority • List permanent address of business, owner(s), and all business' officers. 				
ESTIMATE OF COSTS				
A. Eligible Costs for Enhanced Leak Detection Testing (Attach Contract or Invoices)			\$	
B. Eligible Costs Interstitial Monitoring Equipment (Attach Contract or Invoices)			\$	
TOTAL			\$	
VERIFICATION AND SIGNATURE				
As the undersigned applicant(s) to the Grants for Installing Underground Storage Tank Program, I (we) hereby certify, under penalty of perjury, under the laws of the State of California, that the information provided in this Application is true and correct and represents the intended use of all sources of funds identified in the Application, and that I will inform the State Water Resources Control Board immediately of any changes therein.				
Executed on this _____ day of _____ 20 _____				
Signature _____				
Printed Name _____			Title _____	
Signature _____				
Printed Name _____			Title _____	
Optional Information for Government Monitoring Purposes				
Race/National Origin				
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black not Hispanic <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian; not Hispanic <input type="checkbox"/> Other (specify) _____				

* If a federal employer identification number is unavailable, a social security number is required. Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide your social security number. Failure to provide the requested information will result in denial of the grant application. The social security number will be used by the State solely for the purpose of identifying the recipient of the grant funds. Applicants have the right to inspect records containing personal information maintained by the Board.