



# STEP ONE – ELIGIBILITY

## UNDERGROUND STORAGE TANK (UST) REVOLVING FUND PREAPPROVAL PROGRAM SCREENING FORM

### Preapproval Program Eligibility Requirements

#### Currently open confirmed leaking UST (LUST) release

The corrective action preapproval process is only available to conduct corrective actions on regulated UST sites that have a confirmed release. If you do not have a confirmed release that is currently open and requires corrective action, your site is not eligible for this program.

#### Compliance with financial responsibility (FR) requirements

Applicants who are identified as the LUST owner and/or operator are required to demonstrate FR compliance at the time of the release(s) and, the additional requirements as applicable under Arizona Revised Statutes (A.R.S.) § 49-1006.02.A or A.R.S. § 49-1006.02.B.

Note: This program may not be used to meet FR requirements.

Applicants who are the current UST owner and/or operator are required to demonstrate compliance for the currently operating USTs. If they are not also the LUST owner and operator, ADEQ will work with them to identify whether the LUST owner and/or operator met eligibility requirements for this program.

Applicants who are not able to demonstrate compliance with FR conditions and applicable requirements under A.R.S. § 49-1006.02.A or A.R.S. § 49-1006.02.B, can proceed with preapproval but are subject to lien provisions described in A.R.S. § 49-1056 as are (property owners, or applicants described under A.R.S. § 49-1016.C).

#### Applicants pay for work up front

To qualify for reimbursement under this program, corrective actions and costs are required to receive written approval from ADEQ prior to work being conducted and costs incurred. Applicants are required to demonstrate that they have paid the costs for which reimbursement is being requested. They are also required to certify that these costs have not been reimbursed by insurance or a financial assurance mechanism. Reimbursement requests that do not include adequate proof of payment documentation will not be paid.

In accordance with A.R.S. § 49-1051, an applicant who wishes to participate in the UST Revolving Fund Preapproval process must complete this form and demonstrate compliance with eligibility criteria.

Mail or hand-deliver one original and all attachments to the below address:

Attention: UST Preapproval Program  
Arizona Department of Environmental Quality  
1110 West Washington Street, Mail Code 4415B-3  
Phoenix, AZ 85007

Or – email the completed form to: [ustpreapproval@azdeq.gov](mailto:ustpreapproval@azdeq.gov). The file should be saved as “PSF\_LUST\_1234\_ApplicantName”. Please include your attachments using a similar naming convention “PSF\_LUST\_1234\_ApplicantName\_Att.1”.

**Submittal of complete and accurate information in addition to the documentation necessary to support your answers may allow for more timely review.** Please submit the completed form to: [ustpreapproval@azdeq.gov](mailto:ustpreapproval@azdeq.gov).

LUST # _____	FACILITY ID # 0-00 _____	
Facility Name: _____		
Facility Address: _____		
City: _____	State: _____	Zip Code: _____

**Section 1: APPLICANT IDENTIFICATION**

**Name of Applicant:** \_\_\_\_\_  
*(If the Applicant is a corporation, then the applicant name must match information provided on the Arizona Corporation Commission (ACC) Website). ACC File Number:* \_\_\_\_\_

If a corporation, Authorized Individual Contact Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Section 2: DETERMINE YOUR APPLICANT STATUS**

Identify the ADEQ-assigned LUST number(s) - four digit LUST number plus release ex. 9999.01

LUST Number	Applicant's Role: (drop down – LUST Owner, LUST Operator, Property Owner, Other)	If you selected "Other" describe:

Are you a property owner who is not an UST or LUST owner or operator?

**Yes** – Proceed to Section 4

**No**

Were you the UST owner and/or operator at the time of the release?

**Yes**

At the time of the release(s), did you meet FR with UST insurance?  **Yes**  **No**

If "Yes" what was your deductible? \_\_\_\_\_

If the deductible was less than \$50,000 (on April 1, 2015) –

Review the requirements under A.R.S. § 49-1006.02.A and complete Section 3, item PA1\_1006.A.

If the deductible was \$50,000 or greater (on April 1, 2015) –

Review the requirements under A.R.S. § 49-1006.02.B and complete Section 3, item PA1\_1006.B.

If you relied on a mechanism other than insurance or your release predates insurance requirements –

Review the requirements under A.R.S. § 49-1006.02.B and complete Section 3, item PA1\_1006.B.

**No**

**Section 2.1: CURRENT STATUS OF USTs**

Do you currently own or operate USTs at this facility?

**Yes** - Identify the financial assurance mechanism(s) relied upon for compliance with A.R.S. § 49-1006. Complete the following and **attach documentation demonstrating current compliance with FR requirements.**

Mechanism Type (drop down)	FR Policy Number (if applicable)	Coverage Effective Date	Coverage Expiration Date

**No**

**Section 3: FINANCIAL ASSURANCE VERIFICATION**

**Financial Assurance Mechanism Types**

For more information on FR requirements, please refer to Arizona Administrative Code (A.A.C.) R18-12-300 through R18-12-323, A.R.S. § 49-1006 and 40 C.F.R. § 280, subpart H.

**Mechanism Types**

UST Insurance Coverage	Trust Fund
Risk Retention Group Coverage	Standby Trust Fund
Financial Test of Self-Insurance	Certificate of Deposit
Guarantee	Local Government Bond Rating Test
Surety Bond	Local Government Financial Test
Letter of Credit	Local Government Guarantee

**LUST Release/FR Table**

Identify the financial assurance mechanism(s) relied upon for compliance with A.R.S. § 49-1006 for ALL release(s) included in this submittal. Select the appropriate option below to identify whether your submittal is under A.R.S. § 49-1006.02(A) or (B):

**PA1\_1006.A: UST INSURANCE AS FR**

**Submittal under A.R.S. § 49-1006.02(A):** If insurance is relied upon for compliance with FR requirements, and the deductible on April 1, 2015 was less than \$50,000, complete the following table:

Release ID No.	Release Reported Date	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

Release ID No.	Release Reported Date	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

Release ID No.	Release Reported Date	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

If there are additional releases, please attach a summary that includes all of the above table details.

**Attach the following:**

- 1) A copy of the referenced insurance policy.
- 2) Documentation demonstrating a timely claim was filed with your provider in accordance with A.R.S. § 49-1006.02.
- 3) Copies of any claim-related correspondence from your insurance provider.

NOTE: In accordance with A.R.S. § 49-1006.02(A)(4), an owner or operator that fails to pursue an insurance claim is no longer eligible for the preapproval program under sections §§ 49-1017 and 49-1054.

**PA1\_1006.B: UST INSURANCE, ANY OTHER FINANCIAL ASSURANCE MECHANISM OR THE RELEASE(S) PREDATE FR REQUIREMENTS**

**Submittal under A.R.S. § 49-1006.02(B):** If insurance is relied upon for compliance with FR requirements and the deductible amount on April 1, 2015 equals or exceeds \$50,000, or you meet FR requirements using a financial assurance mechanism other than insurance or your release(s) predate FR requirements, complete the following table:

Release ID No.	Release Reported Date	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

Release ID No.	Release Reported Date	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

Release ID No.	Release Reported Date	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

(If additional space is required, please attach a summary that includes all table items.)

**Attach the following as applicable:**

- 1) Documentation verifying the deductible amount for the insurance policy in effect on April 1, 2015.
- 2) A copy of the referenced FR documentation demonstrating compliance.
- 3) Documentation demonstrating that timely notice was filed with your financial assurance provider.
- 4) Documentation demonstrating that you have paid \$50,000 in corrective action costs for work conducted on or after January 1, 2016 under A.R.S. § 49-1006.02(B). This amount is not eligible for reimbursement.

**Section 4: PROPERTY OWNER APPLICANTS ONLY**

**Submittal under A.R.S. § 49-1016(C)**

If you are a property owner who did not own or operate the UST associated with the release, you are required to demonstrate that you are not an UST owner under A.R.S. § 49-1001.01 or an operator under A.R.S. § 49-1001. Additionally, you are required to demonstrate you complied with requirements to notify the department in writing of the tank's existence, including, if known, its location, size and use if the UST owner failed to do so.

Note: Under A.R.S. § 49-1056, the department has a lien on the property for the amount of corrective action costs paid on behalf of a property owner who did not own or operate USTs associated with the release.

If you are a property owner (only) and the UST facility currently has USTs that have not been permanently closed, attach documentation demonstrating current compliance with FR requirements for the USTs onsite:

Number of Tanks	UST Insurance Provider Name	Policy Number	Coverage Effective Date	Coverage Expiration Date
UST Owner Name:				
UST Operator Name:				
FR Provider Contact Name:				
FR Provider Primary Phone:		Email:		



**PREAPPROVAL SCREENING FORM STATEMENT:**

*Original signature required.*

By my signature below, I am requesting to participate in the preapproval program. This form was prepared by me. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I understand that all information submitted to ADEQ is public record unless otherwise identified as confidential.

I understand that the Department will contact me using the information I've provided to set up a Kickoff meeting to discuss my case and eligibility for the program.

It is my responsibility to contract with an Arizona Professional Engineer or a Registered Geologist to conduct corrective actions and to ensure their availability for the Kickoff meeting.

It is my responsibility to manage the cleanup and ensure that corrective actions are conducted in accordance with an approved scope of work, schedule, and budget.

I understand that the reimbursement under the preapproval program is limited to eligible corrective action costs. This means that costs associated with preparation of the preapproval application, work plan and work plan updates, and reimbursement requests are my responsibility and will not be paid by the State.

I understand that whether or not I qualify for acceptance into the preapproval program, I remain responsible for complying with the requirements of the underground storage tank regulations written in the Arizona Revised Statutes under sections §§ 49-1001 through 49-1093 in accordance with A.R.S. § 49-1051(B).

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Applicant/Authorized Individual Signature

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Date