

Preapproval Applicant Certification Statement

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. Please fill in costs and check boxes to confirm understanding.

Applicant Certification:

All facts and statements set forth in this application are true and correct;

Under penalty of perjury, I hereby certify that I have reviewed the proposed corrective action work and costs in the amount of \$ _____. The amount requested for preapproval is \$ _____.
To the best of my knowledge, information, and belief:

- I also understand that the Department may conduct site visits and I have confirmed with the on-site property owner and any off-site property owners, if applicable, that ADEQ is permitted access to the sites.
- I understand that if the preapproved scope of work cannot be implemented as approved, I am required to receive approval from the Department through a change notice prior to implementing the change notice.
- I understand that I am responsible for paying for all work prior to requesting reimbursement from the Department.
- I certify none of the costs included in this submittal have been previously paid by or submitted to the Department for payment or reimbursement.
- I certify that neither my consultant, representative, agent nor I have been reimbursed by insurance or another financial assurance mechanism for the corrective action activities that are the subject of this Application.
- I understand that I am required to remit to the Department within thirty days any amounts that have been paid to me, my consultant, representative or agent by the Department that have also been recovered from insurance, my financial responsibility mechanism, or any settlement for the corrective action costs included in this Application.
- I understand that the Department may compel the production of documents to determine the existence, amount and type of insurance or alternative coverage available and to whom payment was made or may be made, and that I must report to the department any payment of corrective actions costs through insurance and alternative mechanisms.

Preapproval Applicant Certification Statement (continued)

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Applicant Certification (continued):**Check the statement below that is applicable for your submittal:**

- I certify, in accordance with A.R.S. 49-1006.02.A, that I have filed a timely claim with my insurer, and that I am pursuing the claim. I understand that if I fail to pursue an insurance claim, I am no longer eligible for this program.
- I certify, in accordance with A.R.S. 49-1006.02.B, that I have filed a timely notice with my insurer under a policy that had at least a \$50,000 deductible before April 1, 2015. I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended or become responsible for at least \$50,000 of eligible corrective action costs per facility for work conducted on or after January 1, 2016. I understand that the \$50,000 is not eligible for reimbursement from the UST Revolving Fund.
- I am applying under A.R.S. 49-1006.02.B and I have relied upon a mechanism other than insurance to satisfy financial responsibility requirements. I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended or become responsible for at least \$50,000 of eligible corrective action costs per facility for work conducted on or after January 1, 2016. I understand that the \$50,000 is not eligible for reimbursement from the UST Revolving Fund.
- I am applying under A.R.S. 49-1006.02.C and the UST release occurred between July 1, 2006 and December 31, 2015. I understand that I am not eligible for reimbursement from the state until I have demonstrated that I've expended or become responsible for at least \$50,000 of eligible corrective action costs per facility for work conducted on or after January 1, 2016. I understand that the \$50,000 is not eligible for reimbursement from the UST Revolving Fund. I understand that reimbursement is limited to \$500,000 per facility.
- I am applying for a release that occurred when financial responsibility was not required.
- I am applying under A.R.S. 49-1016.C and I am neither an UST owner nor operator under A.R.S. 49-1001.01. I have demonstrated compliance 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.

Signature of Applicant/Authorized Individual_____
Mailing Address_____
Printed Name_____
Email Address_____
Date_____
Phone Number

Four-Digit Leaking UST NO.: _____

Cost Sheet NO.: _____

Preapproval Primary Service Provider Certification Statement

This certification statement, in its entire ADEQ prescribed form, must be signed by the primary service provider.

Company Name: _____

Individual Name: _____

AZ professional registration is required. Certification/Registration No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Primary Service Provider Certification:

I hereby declare under penalty of perjury that I have prepared the scope of work, schedule and budget and cost sheet in this preapproval application. I acknowledge that I am responsible for the management and supervision of the corrective actions included in this application.

To the best of my knowledge, information and belief, all cost estimates submitted by me or my company and/or other service providers with this submittal are based directly on the expected performance of the eligible activities that are the subject of this preapproval application and represent the expected costs that will be billed for performance of such eligible activities.

_____ Signature
_____ Printed Name/Title
_____ Company Name

_____ Date
