



UST PROGRAM EXPEDITED PREAPPROVAL REIMBURSEMENT REQUEST UNDER ARIZONA REVISED STATUTES (A.R.S.) 49-1051(K)

This form is required if you are requesting state funding reimbursement under Arizona Revised Statutes (A.R.S.) § 49-1051(K).

Eligibility Requirements: Use the checklist below to see if you are eligible for this program
(If you are unable to confirm each of the items below, you are not eligible for this process):

- ☐ Expedited preapproval application was submitted to ADEQ and approved for this work and associated costs
- ☐ Costs must not have been previously reimbursed by ADEQ
- ☐ Costs must not have been included in a reimbursement request previously submitted to ADEQ under A.R.S. § 49-1051 or A.R.S. § 49-1071

NOTE: Corrective action costs that are being relied upon to meet the cost share requirements under A.R.S. § 49-1006.02(B) or (C) are not eligible for reimbursement.

SECTION 1.1 - FACILITY INFORMATION

ADEQ assigned Facility ID Number: 0-0

Facility Name: _____

Facility Address: _____

City: _____ State: AZ Zip Code: _____

1.2 - APPLICANT INFORMATION

Name of Applicant: _____

Name of Applicant must match the information provided on the Arizona Corporation Commission (ACC) Website

ACC File Number: _____

Name/Title of Applicant's Authorized Individual (leave blank if same as above):

If reimbursement is being requested by someone other than the Authorized Individual on the preapproved application, please submit Verification of Authority: Attach documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application as Attachment A.

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Check all that apply to Applicant: ☐ UST Owner ☐ UST Operator ☐ Property Owner

SECTION 1.3 – UST RELEASE INFORMATION

RELEASE NUMBER	RELEASE CONFIRMATION DATE	RELEASE REPORTED DATE	DATES OF CORRECTIVE ACTIONS INCLUDED IN SUBMITTAL

Is this the final reimbursement for the cost sheet? Yes No

SECTION 2 – FINANCIAL RESPONSIBILITY (FR)

SECTION 2.1 – PREAPPROVAL FR ELIGIBILITY CATEGORY (UST OWNER AND OPERATOR APPLICANTS) Please refer to A.R.S. § 49-1006.02(A), (B) and (C)

☐ Category A: Financial assurance mechanism is UST insurance with a deductible less than \$50,000 (no \$50,000 cost share obligation)

- Attach documentation demonstrating a timely claim was filed with your insurance provider as **Attachment B**
- Attach correspondence between you and your insurance provider *including a copy of any preapproval related information and costs* as **Attachment B**

☐ Category B1: Financial assurance mechanism is UST insurance with a deductible of \$50,000 or more – requires \$50,000 cost share obligation.

- If cost share obligation has not been met for this facility – you are not eligible for reimbursement. Your costs may be submitted with your first standard preapproval to demonstrate that the cost share obligation has been met.
- If costs exceed \$50,000 cost share, provide demonstration of timely notice as **Attachment B** (as detailed in UST insurance policy)

- ☐ Category B2: Reliance upon a financial assurance option other than UST insurance – requires \$50,000 cost share obligation.
- If cost share obligation has not been met for this facility – you are not eligible for reimbursement. Your costs may be submitted with your first standard preapproval to demonstrate that the cost share obligation has been met.
 - If costs exceed \$50,000 cost share, provide demonstration of timely notice as **Attachment B** (as detailed in UST insurance policy)
- ☐ Category C: Financial assurance mechanism is UST insurance with release reported between July 1, 2006 and December 31, 2015 (with no evidence of filing a timely claim against its insurance provider – requires \$50,000 cost share obligation. *Note: maximum amount of preapproval funding available is \$500,000.*
- If cost share obligation has not been met for this facility – you are not eligible for reimbursement. Your costs may be submitted with your first standard preapproval to demonstrate that the cost share obligation has been met.
 - If costs exceed \$50,000 cost share, provide demonstration of timely notice as **Attachment B** (as detailed in UST insurance policy)

SECTION 3

3.1 - DOCUMENT REFERENCE TABLE

To complete this section, you are required to provide information that links the invoices supporting the corrective action costs for which you are requesting reimbursement to documents on file with ADEQ that describe the corrective actions. The document reference table (3.1) identifies the documentation submitted to ADEQ to demonstrate corrective actions. Use the document reference number below on the invoice ledger to connect invoices and the associated document.

Document Reference Number	Date Submitted to ADEQ	Description of Documentation
1		
2		
3		
4		

3.2 – INVOICE LEDGER

Reimbursement requests received without the invoice ledger will not be considered complete. Attach the applicable invoice ledger table from excel spreadsheet “3.2 X_PR_ Invoice Ledger” available at https://static.azdeq.gov/forms/ust_preapproval_reimbursement_invoice_ledger.xlsx as **Attachment C**.

Note: submittal of the tables as excel files may expedite review of your submittal. We encourage you to email the excel version of completed tables to: ustpreapproval@azdeq.gov. For electronic submittals, follow these specifications for naming the file: naming must start with “X_PR”, “LUST”, the four digit LUST number, and the Applicant Name1 (or initials) as shown:

X_PR_LUST_1234_ApplicantName

3.3 – SUPPORTING INVOICES

Attach invoices as **Attachment D** to support costs identified on the Invoice Ledger (3.2). Documentation must include invoices and receipts from your primary service provider as well as their subcontractors. Invoice detail should include: labor, expenses, and equipment.

3.4 – PROOF OF PAYMENT

Attach proof of payment as **Attachment E** to support costs identified on the Invoice Ledger (3.2).

Acceptable Documentation includes:

- Copies of Cancelled Checks

- Bank Statements

- Invoice numbers must be referenced with each proof of payment document

SECTION 4

Completion of applicable tables provided in this section will be used to evaluate activities and costs claimed. Complete and accurate information will facilitate processing of both Financial and Technical evaluations.

4.1 – EXPEDITED PREAPPROVAL REIMBURSEMENT COST SHEET

Complete the cost sheet name “4.1 X_PR_Cost Sheet” located at https://static.azdeq.gov/forms/ust_preapproval_rr_costsheets.xlsx and include as **Attachment F**.

Reimbursement requests received without table 4.1 will be considered incomplete and cannot be processed.

Note: submittal of the tables as excel files may expedite review of your submittal. We encourage you to email excel versions of completed tables to: ustpreapproval@azdeq.gov. For electronic submittals, follow these specifications for naming the file: naming must start with “X_PR”, “LUST”, the four digit LUST number, and the Applicant Name (or initials) as shown: **X_PR_LUST_1234_ApplicantName**

*If you believe additional site-specific information directly related to completion of this section is necessary for the technical evaluator to consider with respect to table 4.1, please attach to the submittal as **Attachment G** and identify which items within the table may be impacted by this information.*



SECTION 5

5.1 - APPLICANT CERTIFICATION STATEMENT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. All signatures must be original. Reproduced or copied signatures will not be accepted.

Applicant Certification:

I hereby certify all of the following:

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

That I have reviewed the attached invoices in the amount of \$_____ and I have paid the invoices in full.

I am requesting reimbursement from ADEQ for \$_____. To the extent this submittal includes activities and costs that make up my cost share obligation under A.R.S. 49-1006.02(B) and 49-1006.02(C), I understand that ADEQ will withhold payment of up to \$50,000 to fulfill this requirement unless I previously demonstrated that I met this requirement.

I am also requesting reimbursement from ADEQ for \$_____ in application preparation costs under A.R.S. 49-1053(A)(4).

☐ The costs for conducting corrective actions outside of the preapproval process were necessary to address newly discovered contamination that was a risk to public health and the environment.

☐ None of the costs claimed 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 actions that are the subject of this request.

☐ I agree to report to the Department any payment or reimbursement from insurance or other financial assurance mechanism to me or my consultant, representative or agent for corrective action costs included in this request.

☐ I agree to remit to the Department within thirty days any amounts that were previously paid to me or my consultant, representative or agent from the underground storage tank revolving fund and that have also been recovered from insurance or any alternative financial assurance mechanisms.

☐ All costs submitted with this application are based directly on the actual performance of the eligible activities that are the subject of this application and represent the actual costs that were incurred by me, or by a previous owner and assigned to me, for performance of the eligible activities



ADEQ UNDERGROUND STORAGE TANK (UST)
EXPEDITED PREAPPROVAL REIMBURSEMENT REQUEST FORM

5.1 - APPLICANT CERTIFICATION STATEMENT (continued)

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. All signatures must be original. Reproduced or copied signatures will not be accepted.

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.

<hr/> Signature of Applicant/Authorized Individual	Sworn to and subscribed this: ____ day of _____, 20____
<hr/> Printed Name/Title	<hr/> Notary Public Signature
<hr/> Company Name	<hr/> My commission expires
	County of _____, State of _____

5.2 - PRIMARY SERVICE PROVIDER CERTIFICATION STATEMENT

A separate certification statement, in its entire ADEQ prescribed form, must be signed by each primary service provider available. All signatures must be original and notarized. Reproduced or copied signatures will not be accepted. This certification statement, signatures and notarization must all be on the same page.

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, the Primary Service Provider, hereby declare under penalty of perjury that I was responsible for the management and supervision of the corrective actions included in this application.

I affirm that the included activities were conducted in accordance with A.R.S. § 49-1005 and 18 A.A.C. 12, Article 2.

To the best of my knowledge, information and belief, all costs submitted for my company are based directly on the actual performance of the eligible activities and represent the actual costs that were incurred.

I further declare under penalty of perjury that I/my organization received payment from the above applicant as evidenced by the documents attached to this application, in the amount stated, and consistent with the attached invoices."

_____ Signature
_____ Printed Name/Title
_____ Company Name

Sworn to and subscribed this: ____ day of _____, 20__
_____ Notary Public Signature
_____ My commission expires
County of _____, State of ____

5.3 - APPLICATION PREPARER CERTIFICATION STATEMENT (If applicable)

This certification statement, in its entire ADEQ prescribed form, must be signed by the person who prepared this application. All signatures must be original and notarized. Reproduced or copied signatures will not be accepted. This certification statement, signatures and notarization must all be on the same page.

Company Name: _____

Individual Name: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email: _____

Application Preparer Certification:

"I hereby declare under penalty of perjury that I prepared this application for the applicant, and that to the best of my knowledge, information and belief, the statements and costs set forth in this application are true and accurate.

Where the statements and costs in this application originate from work of any primary service provider who has not independently affirmed their truth and accuracy in this application form, I declare, to the best of my knowledge, information and belief, that all invoices submitted from other service providers with this Application result directly from the actual performance of the eligible activities that are the subject of this Application and represent the actual costs incurred for performance of such eligible activities."

_____ Signature
_____ Printed Name/Title
_____ Company Name

Sworn to and subscribed this: ____ day of _____, 20____ _____ Notary Public Signature
_____ My commission expires
County of _____, State of ____

UST Program Submittal Instructions

A complete reimbursement request includes:

- ☐ **Reimbursement Request Form** with signed certification statements (pages 1 through 9)
- ☐ **Attachment A:** Documentation for Authorized Individual (if different than preapproval application)
- ☐ **Attachment B:** FR/Insurance Documentation
- ☐ **Attachment C:** Invoice Ledger
- ☐ **Attachment D:** Supporting Invoices
- ☐ **Attachment E:** Proof of Payment
- ☐ **Attachment F:** Expedited Preapproval Cost Sheet
- ☐ **Attachment G:** Additional Information for Completed Expedited Corrective Actions (if applicable)

ADEQ encourages you to email a complete reimbursement request and any attachments to ustpreapproval@azdeq.gov.

Additional submittal options:

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
Phoenix, AZ 85007

Submittal of a complete and accurate reimbursement request (with attachments) will allow for more timely review of your submittal.