



**UNDERGROUND STORAGE TANK (UST)  
TANK SITE IMPROVEMENT PROGRAM (TSIP)  
REIMBURSEMENT REQUEST FORM FOR **BASELINE ASSESSMENT**  
ARIZONA REVISED STATUTES § 49-1071**

**THIS FORM IS APPLICABLE FOR REQUESTS SUBMITTED AFTER AUGUST 31, 2022  
NO OTHER FORMS WILL BE ACCEPTED**

**For ADEQ to process your reimbursement, make sure your submittal includes all the requirements listed below. Failure to include the required documents will result in delays in processing your reimbursement request.** If you have questions about reimbursement, please contact ADEQ at 602-771-4351 or [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov).

**Before you submit your request, make sure ADEQ has received the following document:**

- Baseline assessment report ([https://static.azdeq.gov/forms/ust\\_baseline\\_assesment.pdf](https://static.azdeq.gov/forms/ust_baseline_assesment.pdf))

**The reimbursement request needs to include the following attachments:**

- Notarized Applicant Certification Statement
- Notarized Environmental Consultant Certification Statement
- Notarized Certification Statement for Others Paid Directly by Applicant (example: environmental laboratory)
- Invoice(s) from Environmental Consultant to Applicant
- Invoice(s) from Others Paid Directly by Applicant
- Invoice Ledger
- Proof of Payment from Applicant to Environmental Consultant  
Acceptable proof of payment includes copies of cancelled checks or bank statements. Payments must be from the Applicant. Invoices paid by the Authorized Individual or other entities will not be acceptable.
- Proof of Payment from Applicant to Others Paid Directly by Applicant

*Note: You do not need to submit supporting documentation for costs not being requested for reimbursement.*

**ADEQ recommends that applicants sign up for the direct deposit option (Automated Clearing House) for faster payment:** <https://gao.az.gov/publications/forms> (Form GAO-618).

**REMINDER: If you did not sign up for direct deposit, verify your “Remit To” address is correct in the Arizona Procurement Portal (<https://app.az.gov>). This address will be used to mail your reimbursement.**

**How to Submit for Fastest Processing:**

Submit the reimbursement request, including all required attachments, to the TSIP email box at [usttsi@azdeq.gov](mailto:usttsi@azdeq.gov). In the subject line, include the following information:

*TSIP reimbursement request for [category of work] at ADEQ UST Facility ID 0-0#####  
Example: TSIP reimbursement request for baseline assessment at ADEQ UST Facility ID 0-001234*

Note: The UST Facility ID can be found on TSIP application correspondence.

If you are not able to email your reimbursement request, you may submit to the below address:

Arizona Department of Environmental Quality  
Attention: UST - TSIP  
1110 W. Washington St.  
Phoenix, AZ 85007

Note: A hard copy of your reimbursement request is not required if you submit by email.

**Section 1 – General Information**

UST Facility ID: 0-0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

UST Facility Address: \_\_\_\_\_ City: \_\_\_\_\_

**Section 2 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: APPLICANT**

*This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual. This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

I hereby certify all of the following:

I am requesting \_\_\_\_\_ in reimbursement from ADEQ for the preapproved baseline assessment work.

I have reviewed the attached invoices in the amount of \_\_\_\_\_.

I have paid these invoices in full to \_\_\_\_\_ (environmental consultant company name).

I have reviewed the attached invoices in the amount of \_\_\_\_\_.

I have paid these invoices in full to \_\_\_\_\_ (company name of others directly paid by Applicant; enter "N/A" if not applicable).

All invoices submitted result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred by me for performance of such eligible activities.

I affirm that all work was done in accordance with the underground storage tank regulatory requirements in the Arizona Revised Statutes Title 49, Chapter 6 and Arizona Administrative Code Title 18, Chapter 12.

I affirm that all work was done in accordance with the TSI program approval, industry standards, and manufacturer’s certifications.

I understand if work was not conducted in accordance with TSI program approval, industry standards, manufacturer’s certifications, or regulatory requirements, funds requested may not be reimbursed.

I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

None of the costs included in this reimbursement request are costs that have been previously reimbursed by the state or have been/will be requested for reimbursement through another state financial assistance program.

Myself, my consultant, representative, or any previous owner, have not been reimbursed by insurance or another financial responsibility mechanism for the costs related to this requested activity.

I further declare under penalty of perjury that all facts and statements set forth as part of this request are true and correct to the best of my knowledge, information, and belief.

_____
Applicant Name
_____
Printed Name of Authorized Individual
_____
Signature of Authorized Individual
_____
Date

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

**Section 3 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: ENVIRONMENTAL CONSULTANT**

*This certification statement, in its entire ADEQ prescribed form, must be signed by the environmental consultant. This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

Environmental Consultant Company Name: \_\_\_\_\_

AZ BTR Registered Professional (Individual) Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

I hereby certify all of the following:

I have reviewed the attached invoices in the amount of \_\_\_\_\_ .

These invoices have been paid in full by \_\_\_\_\_ (Payor name).

To the best of my knowledge and belief, all invoices submitted by me or my company and/or others result directly from the actual performance of the eligible activities that are the subject of this submittal and represent the actual costs incurred for performance of such eligible activities.

I understand if work was not conducted in accordance with TSI program approval, industry standards, manufacturer’s certifications, or regulatory requirements, my registration may be subject to disciplinary action in accordance with A.R.S. § 32-128 and the Applicant may not be reimbursed for work conducted.

I hereby declare under penalty of perjury that I, the qualifying individual identified above, managed, supervised and/or performed the work that is the subject of this reimbursement request.

I affirm that all work was done in accordance with the underground storage tank regulatory requirements in the Arizona Revised Statutes (A.R.S.) Title 49, Chapter 6 and Arizona Administrative Code Title 18, Chapter 12.

I affirm that all work was done in accordance with the TSI program approval, industry standards, and manufacturer’s certifications.

I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

_____
Environmental Consultant Company Name
_____
Registered Professional Printed Name
_____
Registered Professional Signature
_____
Date

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

**Section 4 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: OTHERS PAID BY APPLICANT  
NOT APPLICABLE FOR PARTIES PROVIDING OVERSIGHT OR MANAGEMENT OF WORK**

**CATEGORY OF SERVICE PROVIDED (SELECT ONE):**  PURCHASE OF UST EQUIPMENT  LABORATORY ANALYSIS

*Each party must complete their own certification - This certification statement, in its entire ADEQ prescribed form, must be signed by others directly paid by the Applicant (example: invoices for laboratory analysis). This certification statement, signatures and Notarization must all be on the same page. All signatures must be original.*

Others Paid Company Name: \_\_\_\_\_

Others Paid Individual Name: \_\_\_\_\_

**I hereby certify all of the following:**

I have reviewed the attached invoices in the amount of \_\_\_\_\_.

These invoices have been paid in full by \_\_\_\_\_ (Payor name).

I hereby declare under penalty of perjury that the qualifying individual identified above provided material/supplies, and/or performed work that is the subject of this reimbursement request.

To the best of my knowledge and belief, all invoices submitted by me or my company represent the actual costs incurred.

I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

_____ Others Paid Company Name
_____ Others Paid Printed Name
_____ Others Paid Signature
_____ Date

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

# Attachment A

## Invoices Requested for Reimbursement

Actual invoices must be submitted to ADEQ for all costs being requested for reimbursement.

- If there are items/costs on an invoice that are not being requested for reimbursement, please strike through those items.
- Invoices must be for work that has actually been completed.
- Proposals, estimates, or bids are not acceptable as invoices.
- The invoice should include a unique invoice number and the UST facility address.

# Attachment B

## Invoice Ledger

Complete the Invoice Ledger for ALL invoices paid by the Applicant. If Requested Amount is different than the Invoiced Amount, identify costs on the invoice that are not being requested for reimbursement. See below for an Example Invoice Ledger.

INVOICE LEDGER (Example)				
Billed From Company Name	Invoice Number	Invoice Date	Invoiced Amount	Requested Amount
Environmental Consultant LLC	759340578	3/1/2021	\$20,000.00	\$19,000.00

INVOICE LEDGER (Actual)				
Billed From Company Name	Invoice Number	Invoice Date	Invoiced Amount	Requested Amount
<b>Total</b>				

# Attachment C

## Proof of Payment from TSIP Applicant

Only proof of payment documentation from the TSIP Applicant to the vendor(s) is required to support ALL costs requested for reimbursement.

**Acceptable proof of payment includes copies of cancelled checks or bank statements.** Proof of payment documents must identify who paid and must reference the invoice(s) covered by the payment (or a summary that links up the proof of payment documentation with the invoices must be provided).

**Payments must be from the Applicant. Invoices paid by the Authorized Individual or other entities is not acceptable.**