



**UNDERGROUND STORAGE TANK (UST)
TANK SITE IMPROVEMENT PROGRAM (TSIP)
REIMBURSEMENT REQUEST CHECKLIST FOR **UST REPLACEMENT**
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@azdeg.gov.

Before you submit your request, make sure:

- UST manufacturer equipment installation checklists/product warranty sheets have been completed (see below for details) **Note: There may be additional manufacturer checklists/product warranty sheets that UST owners/operators should keep for records (e.g. spill buckets, overfill).**
- UST system testing has been completed
- UST installation final inspection has been completed
- Notification Form has been submitted to ADEQ

Make sure your request includes the following for all costs being requested for reimbursement:

- Notarized Applicant Certification Statement
- Notarized UST Service Provider Certification Statement
- Notarized Certification Statement for any Others Paid Directly by Applicant (example: UST equipment distributor)
- Invoice from UST Service Provider to Applicant
- Invoice from Others Paid Directly by Applicant
- Invoice Ledger
- Proof of Payment from Applicant to UST Provider

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
- UST Equipment Manufacturer Installation Checklists/Product Warranty Sheets
 - Tanks
 - Piping
 - ATG
 - UDC

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@azdeg.gov. In the subject line, include the following information:

TSIP reimbursement request for [category of work] at ADEQ UST Facility ID 0-0#####

Examples: TSIP reimbursement request for UST replacement 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: _____

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. Enter "N/A" if any fields are not applicable.

I hereby certify all of the following:

I am requesting _____ in reimbursement from ADEQ for the preapproved UST replacement work.

I have reviewed the attached invoices in the amount of _____.

I have paid these invoices in full to _____ (UST service provider company name).

I have reviewed the attached invoices in the amount of _____.

I have paid these invoices in full to _____ (others directly paid by Applicant).

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.

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: UST SERVICE PROVIDER

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

ADEQ Certified UST Service Provider Company Name: _____

ADEQ Certified UST Service Provider Individual Name: _____ Cert No. _____

I hereby certify all of the following:

I hereby certify that 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 UST service provider certification may be suspended in accordance with A.A.C. R18-12-809 and the Applicant may not be reimbursed for work conducted that did not meet these standards.

I hereby declare under penalty of perjury that I, the certified UST service provider 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 Title 49, Chapter 6 and Arizona Administrative Code (A.A.C.) 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.

Certified UST Service Provider Company Name

Certified UST Service Provider Printed Name

Certified UST Service Provider 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 Paid by Applicant

All actual invoices from the contractor must be submitted to ADEQ 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
UST Service Provider 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
Total				

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.

Attachment D

Manufacturer Installation Checklists and Warranty Forms

Completed manufacturer installation checklists and warranty forms for the following UST components installed:

- Tanks
- Piping
- Automatic tank gauge (ATG)
- Under-dispenser containment (UDC)

Note: There may be additional manufacturer checklists/product warranty sheets that UST owners/operators should keep for records (e.g. spill buckets, overfill).