



**UNDERGROUND STORAGE TANK (UST)
TANK SITE IMPROVEMENT PROGRAM (TSIP)
REIMBURSEMENT REQUEST FORM FOR
NON-PREAPPROVED SUSPECTED RELEASE
CONFIRMATION
ARIZONA REVISED STATUTES (A.R.S.) § 49-1071(E)**

**THIS FORM IS ONLY APPLICABLE FOR REQUESTS SUBMITTED AFTER JANUARY 1, 2026 FOR
WORK COMPLETED BEFORE SEPTEMBER 1, 2025**
NO OTHER FORMS WILL BE ACCEPTED

This form is to be used by Applicants who completed work for suspected release confirmation **prior to September 1, 2025**, without going through preapproval and are submitting costs for evaluation under A.R.S. § 49-1071(E).

For ADEQ to process your reimbursement, make sure your submission 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 ustsi@azdeq.gov or 602-771-4351.

Before you submit your request, confirm the following:

- Work is in response to a suspected release requiring investigation and sampling
- This submission is timely
- 14-day report was submitted to ADEQ
- 90-day report was submitted to ADEQ
- 24-hour confirmed release notification form (if the suspected release was confirmed)

Make sure you include the following completed attachments:

- ATTACHMENT A - DOCUMENTATION FOR THE AUTHORIZED INDIVIDUAL
- ATTACHMENT B - INVOICE LEDGER
- ATTACHMENT C - INVOICES REQUESTED FOR REIMBURSEMENT
- ATTACHMENT D - PROOF OF PAYMENT FROM THE APPLICANT
- ATTACHMENT E - SUSPECTED RELEASE CONFIRMATION SITE PLAN

REMINDER: Acceptable proof of payment from the Applicant to the environmental consultant and if applicable, to others paid directly by the Applicant includes copies of canceled checks or bank statements. Payments must be from the Applicant. Invoices paid by other entities will not be accepted.

SECTION 1 – GENERAL INFORMATION

1.1. UST Facility Information

UST Facility ID: 0-0 _____ Facility Name: _____

UST Facility Address: _____ City: _____

Note: If you do not have an ADEQ-assigned UST Facility ID number, you are not eligible for this program.

1.2. Suspected Release Information

Suspected Release ID Number: _____ Date discovered: _____

Date reported to ADEQ: _____

Date work was initiated (for work included in this reimbursement request): _____

Date work was completed* (for work included in this reimbursement request): _____

Number of soil borings advanced: _____

Number of monitoring wells installed: _____ Temporary _____ Permanent

SECTION 2 – APPLICANT INFORMATION

2.1. Applicant Role (select all that apply):

UST Owner (A.R.S. § 49-1001.01) UST Operator (A.R.S. § 49-1001)

Person that meets the requirements of A.R.S. § 49-1016, subsection C

Note: If you do not meet the criteria to be designated as one of the options above, you are not eligible for this program.

Are you also the Property Owner? Do not answer “Yes” if you are a lessee and do not actually own the property

Yes

No

2.2. Applicant Full Legal Name: _____

Use the appropriate legal name (including Trade Name, if applicable) on file with the Internal Revenue Service (IRS) or Arizona Corporate Commission (ACC) for the business entity or individual.

Note: The Applicant name provided will be cross-referenced with the name on file with ADEQ under the selected Applicant Role (section 2.1).

2.3. Is the Applicant an individual person (not a company, partnership, trust, etc.)?

Yes (if “Yes”, skip 2.4)

No (if “No” – complete 2.4)

2.4. The **Authorized Individual** listed below has authority to bind the Applicant (UST owner or operator) for not only the processing of the TSIP application; but also, the conditions and requirements included within the certification statement.

The individual must be authorized by the entity owning or operating the UST as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership, or other governing documents for the entity. Provide documentation demonstrating that the Authorized Individual has the authority to represent the Applicant as **Attachment A**.

Name and Title of Applicant’s Authorized Individual:

Name of Authorized Individual

Authorized Individual’s Title/Role with Applicant

2.5. Contact Information

Email: _____

Primary Phone: _____ Secondary Phone (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2.6. Arizona Procurement Portal (APP) Supplier Number (register at <https://app.az.gov/>):

IV _____

Note: Account information will be verified to ensure it matches the Applicant Name provided.

SECTION 3 - 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.

I hereby certify all of the following:

I am requesting \$ _____ in reimbursement from ADEQ for the suspected release confirmation work conducted prior to September 1, 2025.

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 \$ _____ (enter "N/A" if not applicable).

I have paid the 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 the 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 industry standards and manufacturer’s certifications.

I understand if work was not conducted in accordance with 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 4 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: ENVIRONMENTAL CONSULTANT

This certification statement, in its entire ADEQ prescribed form, must be signed by the registered environmental professional responsible for the work conducted. This certification statement, signatures, and Notarization must all be on the same page. All signatures must be original.

Environmental Consultant Company Name: _____

AZ Registered Professional (Individual) Name: _____

AZ Board of Technical Registration License Number: _____

License Type: _____ Expiration Date: _____

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 that if work was not conducted in accordance with 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 industry standards and manufacturer's certifications.

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

<p>_____ Registered Professional Company Name</p> <p>_____ Registered Professional Printed Name</p> <p>_____ Registered Professional Signature</p> <p>_____ Date</p>	<p>Sworn to and subscribed this: ____ day of _____, 20__</p> <p>Notary Public Signature _____</p> <p>My commission expires: _____</p> <p>County of _____, State of _____</p>
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SECTION 5 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT: "OTHERS PAID BY APPLICANT"

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.

<p>_____ Others Paid Company Name</p> <p>_____ Others Paid Printed Name</p> <p>_____ Others Paid Signature</p> <p>_____ Date</p>	<p>Sworn to and subscribed this: ____ day of _____, 20____</p> <p>Notary Public Signature _____</p> <p>My commission expires: _____</p> <p>County of _____, State of _____</p>
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ATTACHMENT A - DOCUMENTATION FOR THE AUTHORIZED INDIVIDUAL

The individual must be authorized by the entity owning or operating the UST as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership, or other governing documents for the entity.

Provide information as described below:

- Documents from the Arizona Corporation Commission identifying the individual and their role with the company
- Written authorization identifying the individual and their authority to bind the company on company letterhead, signed by a party identified in documents from the Arizona Corporation Commission

NOTE: The authorizing individual (the party signing the authorization) should also include their contact information, including a valid email address

ATTACHMENT B - INVOICE LEDGER

Complete the Invoice Ledger for ALL invoices paid by the Applicant. If the Requested Amount is different from 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 - 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 identify the party issuing the invoice.
- 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, date, and the location of services (ex. Facility address).

ATTACHMENT D - PROOF OF PAYMENT FROM THE APPLICANT

Proof of payment documentation from the Applicant to the vendor(s) is required to support 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 E - SUSPECTED RELEASE CONFIRMATION SITE PLAN

Site Plan Requirements

The **Suspected Release Confirmation Site Plan** must be drawn to scale and include a diagram of the facility showing:

- Sample collection locations
- North arrow
- Scale
- Facility property boundaries with street names
- Locations of any known UST systems, including all tanks, piping, and dispensers
- Routes of access and any potential obstructions, including: natural or artificial barriers, canopies, buildings, utility infrastructure, and other structures
- Locations of onsite:
 - Buildings or other structures
 - Utilities, both above and below ground
 - ADWR registered wells
 - Additional pertinent infrastructure related information

HOW TO SUBMIT:

ADEQ recommends that you submit the reimbursement request, including all required attachments, electronically to the TSIP email box at 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 0-006222

Note: The UST Facility ID number can be found on ADEQ application correspondence or by searching the UST database at http://legacy.azdeq.gov/databases/ustsearch_drupal.html). A hard copy of your reimbursement request is not required if you submit it by email.

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

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

Recommendations for Faster Processing:

Ensure your application is complete and correct prior to submitting it to ADEQ.

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).

- Ensure you submit the ACH Authorization Form to the Arizona Department of Administration form prior to submitting your reimbursement request to ADEQ.
- 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.