



**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
FOR WORK COMPLETED ON OR AFTER SEPTEMBER 1, 2025**

NO OTHER FORMS WILL BE ACCEPTED

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

In accordance with A.R.S. § 49-1071(F), reimbursement requests must be submitted to ADEQ within one (1) year after completion of the work incurred. An applicant who has not timely submitted the reimbursement request loses eligibility for reimbursement of costs.

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 usttsi@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
- if applicable, 24-hour confirmed release notification form was submitted to ADEQ

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
- ATTACHMENT F – COMPLETION OF WORK

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

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.

SECTION 2 – SUSPECTED RELEASE INFORMATION

2.1. Suspected Release ID Number: _____

2.2. Date discovered: _____ Date reported to ADEQ: _____

2.3. Result of suspected release investigation (Status):

Suspected release was closed – no further action required

Release was confirmed. Confirmed release ID Number: _____

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

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

***See Attachment F for details**

2.6. Describe work conducted: _____

Number of soil borings advanced: _____

Number of monitoring wells installed: Temporary _____ Permanent _____

SECTION 3 – APPLICANT INFORMATION

3.1. Applicant Role(s) (select all that apply):

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

Property Owner (do NOT select this option if you are a lessee and do not actually own the property)

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

3.2. Applicant – Full Legal Name: _____

Arizona Corporation Commission Entity ID: _____

Use the appropriate legal name on file with the Internal Revenue Service (IRS) or Arizona Corporate Commission (ACC) (<https://arizonabusinesscenter.azcc.gov/businesssearch>) for the business entity or individual. Note: The Applicant Name provided will be verified with the name on file with ADEQ under the selected Applicant Role(s) (Section 3.1). Variations will cause a delay in processing and may result in a determination of ineligibility.

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

Yes (if “Yes”, skip 3.4) No (if “No” – complete 3.4)

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

The individual must be authorized by the entity owning or operating the UST, or the current owner of the property, 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 the Authorized Individual has the authority to represent the Applicant in Attachment A.

Authorized Individual – Full Legal Name

Authorized Individual's Title/Role Relative to Applicant

3.5. Applicant/Authorized Individual Contact Information

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Note: The name on the APP account must match the Applicant Name provided in Section 3.2.

SECTION 4 - 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 on or after September 1, 2025.

Environmental Consulting Company Name: _____

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

I have paid these invoices in full to the named Environmental Consultant.

Others Paid by Applicant – (enter “N/A” below if not applicable):

I have reviewed the attached invoices in the amount of \$ _____

I have paid the invoices in full to the following companies: _____

This request is being made within one (1) year of the completion of suspected release actions required under A.A.C. R18-12-251.

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 5 - 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 Professional Consultant Name (Company) - Full Legal Name: _____

AZ Registered Professional Individual - Full Legal Name: _____

AZ Board of Technical Registration License Number: _____ 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 A.R.S. Title 49, Chapter 6 and A.A.C. 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.

_____ Registered Professional 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 6 - 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 Full Legal 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 - DOCUMENTATION FOR THE AUTHORIZED INDIVIDUAL

The individual must be authorized by the entity owning or operating the UST, or the current owner of the property, 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 the following documentation demonstrating the Authorized Individual has the authority to represent the Applicant:

- 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
 - The name on the company letterhead should be the same as the Applicant Name.
 - If the name on the company letterhead is not the same as the Applicant Name, provide additional documentation demonstrating the legal business relationship.
- The individual must be authorized by the entity owning or operating the UST, or the current owner of the property, 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.
- The authorized individual is required to have the authority to bind the Applicant (UST owner or operator or the current owner of the property) for not only processing of the TSIP application; but also, the conditions and requirements (including compliance requirements) that are included within the certification statement.

The information below is from information provided in Section 3 – Applicant Information:

Applicant – Full Legal Name: _____

Arizona Corporation Commission Entity ID: _____

Authorized Individual – Full Legal Name: _____

Authorized Individual's Title/Role Relative to Applicant: _____

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

ATTACHMENT F - COMPLETION OF WORK

In accordance A.R.S. § 49-1071(F), applicants are required to submit their reimbursement request and all required documentation needed for cost reimbursement to ADEQ **within one (1) year** after completion of the work. **Failure to submit a timely reimbursement request will result in losing eligibility for reimbursement of these costs.**

Date the suspected release confirmation work included in this submittal was completed: _____

TSIP APPLICATION SUBMITTAL INSTRUCTIONS

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:

Use the following Subject line format: [UST Facility ID Number] TSIP Reimbursement

- Example: "0-0XXXXX_TSIP SRC Reimbursement"

Note: A hard copy is not required to be submitted to ADEQ if you submitted the form, all attachments, and signature pages by email.

If you are having issues submitting electronically, contact ADEQ at usttsi@azdeq.gov or call (602) 771-4351.

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.