



## INSTRUCTIONS FOR CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All underground storage tank (UST) sites owned or operated may be listed on one form, therefore a separate certification is not required for each site. For questions regarding required coverage amounts or approved financial responsibility mechanisms, please refer to the State Water Resources Control Board's publication, "Petroleum Underground Storage Tank Financial Responsibility Guide" or call the UST Cleanup Fund at (800) 813-3863.

- A. Coverage Required** Check one box on the left side of the form to indicate coverage per occurrence (i.e. \$500,000 or \$1,000,000) and one box on the right side of the form to indicate annual aggregate coverage (i.e. \$1,000,000 or \$2,000,000).
- B. Name of Tank Owner or Operator** Provide the full legal name of either the tank owner or the tank operator.
- C. Mechanism Type** Indicate which approved mechanism(s) are being used to show financial responsibility either as contained in the federal regulations (40 CFR, Part 280, Subpart H, Sections 280.93 through 280.107) or Section 2808.1, Chapter 18, Division 3, Title 23, CCR.
- Name of Issuer** List the names and addresses of companies and/or individuals issuing coverage. If you use the State UST Cleanup Fund as a mechanism, use the following information:  
Mechanism Type: "State UST Fund"  
Name and Address of Issuer: "State UST Cleanup Fund, P.O. Box 944212, Sacramento, CA 94244-2120".
- Mechanism Number** List the identifying number for each mechanism used (e.g. insurance policy number, letter of credit number, etc.). If using the State Cleanup Fund and/or a financial test of self-insurance (e.g. CFO letter), enter "N/A".
- Coverage Amount** Indicate the per occurrence and annual aggregate coverage amount provided by each listed mechanism. If more than one mechanism is indicated, aggregate coverage must equal 100% of required financial responsibility amounts.
- Coverage Period** Indicate the effective date of each mechanism. State Cleanup Fund coverage is continuous as long as you maintain compliance and remain eligible for participation.
- Corrective Action** Does the specified mechanism provide coverage for corrective action? Indicate "Yes" or "No". If using the State Cleanup Fund, indicate "Yes".
- Third Party Compensation** Does the specified mechanism provide coverage for third party compensation? Indicate "Yes" or "No". If using the State Cleanup Fund, indicate "Yes".
- D. Facility Information** List the name and site address of each UST facility covered by this Certification.
- E. Signature Block** The tank owner or operator must sign and date the Certification. Print or type the owner or operator's name and title in the space provided. The owner or operator's signature must be witnessed. The witness or notary must sign and date the Certification. Print or type the witness' name in the space provided. Anybody may sign as witness; however, if a notary signs, please attach documentation.

**Note:** Per Health and Safety Code §25299.76(a), failure comply with UST Financial Responsibility requirements can result in civil penalties of up to \$10,000 per day, per UST, for each day of violation. Eligibility for reimbursement of claims submitted to the State Cleanup Fund may also be jeopardized.