

## APPLICATION FOR ASSISTANCE

	<b>KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION</b>	Mail completed form to: <b>DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a></b>	<b>FOR STATE USE ONLY</b>
--	---	--	---------------------------

### GENERAL INFORMATION

<b>AGENCY INTEREST #:</b>	<b>TYPE OF PETROLEUM STORAGE TANK (PST) APPLICANT:</b> <input type="checkbox"/> PST OWNER <input type="checkbox"/> PST OPERATOR <input type="checkbox"/> PST OWNER & OPERATOR	<b>TOTAL # OF PSTs OWNED (all facilities owned):</b> _____ <b>TOTAL # OF PSTs OPERATED:</b> _____
---------------------------	---	--

Identify the tanks for which you are requesting assistance (gallons and product stored):  
 \_\_\_\_\_

TYPE OF APPLICATION FOR ASSISTANCE (choose one) NEW \_\_\_\_\_ AMENDED \_\_\_\_\_ 3<sup>RD</sup> PARTY \_\_\_\_\_

### APPLICANT INFORMATION

FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER/OPERATOR MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:		FACILITY TELEPHONE NUMBER:
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:		FACILITY E-MAIL ADDRESS:

### DEMONSTRATION OF FINANCIAL ABILITY

(Social Security Number (SS#) or Federal Identification Number shall be provided)

APPLICANT APPLYING FOR COVERAGE AS: <small>(Check Only One)</small>	SOCIAL SECURITY #:	FEDERAL IDENTIFICATION #:
<input type="checkbox"/> INDIVIDUAL		NOT APPLICABLE
<input type="checkbox"/> PARTNERSHIP	SEE BELOW ITEM 3	
<input type="checkbox"/> INCORPORATED	SEE BELOW ITEM 3	
<input type="checkbox"/> SOLE PROPRIETORSHIP		
<input type="checkbox"/> PUBLIC SERVICE CORPORATION	SEE BELOW ITEM 3	
<input type="checkbox"/> GOVERNMENT / NON-PROFIT	NOT APPLICABLE	
<input type="checkbox"/> ESTATE/TRUST		

#### REQUIRED FINANCIAL INFORMATION:

If the following information is not available at the time of application submittal the required information shall be submitted within 60 days of the release.

1. Provide the last five (5) years income tax returns for the Individual, Partnership, Incorporated, Sole Proprietorship, For-Profit Public Service Corporation and an Estate/Trust. EXCEPTION: Those listed above whose last five (5) years average total income is greater than \$100,000, provide written notice of such instead of submitting the income tax returns with this form.
2. For the following Non-Profit Entities: Public Service Corporation, Government and all other Non-Profit entities, provide the last five (5) years annual budgets and tax exemption documentation. EXCEPTION: Those listed above whose last five (5) years total income is greater than \$100,000, provide written notice of such and tax exemption documentation instead of submitting the budgets with this form.
3. If the facility is owned by a Partnership, Incorporated or a For-Profit Public Service Corporation, provide the Name for each partner or shareholder:

NAME:

NAME:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUIRED INFORMATION	THIRD-PARTY INFORMATION
<input type="checkbox"/> Written Contract Signed by Both Contracting Parties. <input type="checkbox"/> Date release occurred and/or discovered: ____ / ____ / ____ <input type="checkbox"/> Date release was reported to cabinet: ____ / ____ / ____ <input type="checkbox"/> Method of Discovery _____ <input type="checkbox"/> Incident Number(s): _____ <input type="checkbox"/> Check all that apply for the type of release at this facility: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> New Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Name of PE/PG: _____ <input type="checkbox"/> Name of Eligible Company or Partnership: _____ <input type="checkbox"/> UST Branch's PST Eligible Company or Partnership Certification #: _____	<ul style="list-style-type: none"> <li>● Is there any known third-party complaint connected with this release?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>● If so, provide the following for each third-party complaint:</li> <li>1. <u>Name / Telephone Number:</u>            _____  <u>Address / City / State / Zip Code:</u>            _____</li> <li>2. <u>Name / Telephone Number:</u>            _____  <u>Address / City / State / Zip Code:</u>            _____</li> <li>● Attach a copy of the complaint and/or any legal documents, letters, etc. received.</li> </ul>

**SUBROGATION AGREEMENT**

In consideration of and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned \_\_\_\_\_ (Applicant) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation, including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at \_\_\_\_\_ (Facility) during the period on or about \_\_\_\_\_, \_\_\_\_\_ (Month Day, Year) to the present. The Applicant authorizes the cabinet to sue, compromise or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquaintance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant's with the same force and effect as the Applicant executed or endorsed them. It is the intent of the parties' that the cabinet be fully substituted for the Applicant and subrogated to all of the Applicant's rights to recover the amount paid from the PSTEAF. The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and documents in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

**APPLICATION FOR ASSISTANCE CERTIFICATION**

I hereby certify under penalty of law that I am the (check one):    Applicant    Legally-authorized representative or agent of the applicant   AND

**I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. IN ADDITION, I CERTIFY THE ELIGIBILITY REQUIREMENTS OF 401 KAR 42:250 HAVE BEEN MET AND A RELEASE REQUIRING CORRECTIVE ACTION FROM THIS FACILITY HAS OCCURRED AND HAS BEEN REPORTED TO THE CABINET AS REQUIRED BY 401 KAR 42:250 SECTION 2.**

*SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.*

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:
ELIGIBLE COMPANY OR PARTNERSHIPS AUTHORIZED REPRESENTATIVE'S SIGNATURE:	UST BRANCH'S PST ELIGIBLE COMPANY or PARTNERSHIP #: DATE:

If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.

\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\*