





State of California  
 State of Water Resources Control Board  
 Division of Clean Water Programs  
 P.O. Box 944212  
 Sacramento, CA 94244-2120

(Instructions on reverse side)

For State Use Only

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

### FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the Required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

- |  |     |  |
|--|-----|--|
| <input type="checkbox"/> 500,000 dollars per occurrence<br>or<br><input type="checkbox"/> 1 million dollars per occurrence | AND | <input type="checkbox"/> 1 million dollars annual aggregate<br>or<br><input type="checkbox"/> 2 million dollars annual aggregate |
|--|-----|--|

B. \_\_\_\_\_ hereby certifies that it is in compliance with the requirements of Section 2807,  
*(Name of Tank Owner or Operator)*  
 Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.  
 The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp

*Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.*

D. Facility Name	Facility Address
Facility Name	Facility Address
Facility Name	Facility Address
E. Signature of Tank Owner or Operator	Date
Signature of Witness or Notary	Date
Name and Title of Tank Owner or Operator	Name of Witness or Notary

# INSTRUCTIONS

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All UST sites owned or operated may be listed on one form, therefore, a separate certification is not required for each site.

### DOCUMENT INFORMATION

- A. **Coverage Required** Check the appropriate boxes.
- B. **Name of Tank Owner or Operator** Full name of either the tank owner or the 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, Div. 3, Title 23, CCR (see Financial Responsibility Guide for more information).
- Name of Issuer** List all names and address of companies and/or individuals issuing coverage.
- Mechanism Number** List identifying number for each mechanism used. Example: insurance policy number, Letter of Credit number, etc., etc. If using the State Cleanup Fund, leave blank.
- Coverage Amount** Indicate amount of coverage for each listed mechanism. If more than one mechanism is indicated, total must equal 100% of financial responsibility for each site.
- Coverage Period** Indicate the effective date(s) of all mechanisms. State Cleanup Fund coverage is continuous as long as you maintain compliance and remain eligible to participate in the Fund.
- Corrective Action** Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate "yes."
- Third Party Compensation** Indicate yes or no. Does the specified financial assurance mechanism provide coverage for corrective action? It is a required coverage. If using the State Cleanup Fund, indicate "yes."
- D. **Facility Information** Provide all facility and or site names and addresses.
- E. **Signature Block** Provide signature and date signed by tank owner or operator; printed or typed name and title of tank owner or operator; signature of witness or notary and date signed; and printed or typed name of witness or notary. (If notary signs please attach documentation.)

### Where to Mail Certification:

Please send original to your local agency(ies) [agency(ies) that issues the UST permits]. Keep a copy of the certification at each listed site.

### Questions:

If you have questions about financial responsibility requirements or about the Certification of Financial Responsibility form, please contact Barbara Rinker, State Water Resources Control Board, Underground Storage Tank Cleanup Fund at (916) 341-5648.

### **Note:**

#### **Penalties for Failure to Comply with Financial Responsibility Requirements:**

Failure to comply may result in: 1) jeopardizing claimant eligibility for the State Cleanup Fund, and 2) liability for civil penalties of up to \$10,000 per day, per underground storage tank, for each day of violation as stated in Article 7, Section 25299.76(a) of the California Health and Safety Code.

**S** NOTE: Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

**A** LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for MAKE BELIEVE CO., 123 TANK STREET,  
(Business name, business address, and correspondence address of owner or operator)  
FUND CITY, CA 90001; P. O. BOX 100, FUND CITY, CA 90001

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ 5,000 per occurrence and \$ 5,000 annual aggregate coverage.  
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

MAKE BELIEVE CO., STATION #1, 123 TANK ST., FUND CITY, CA 90001 and  
(Name and address of each facility for which financial responsibility is being demonstrated.)  
MAKE BELIEVE CO., STATION #2, 789 SITE AVE., FUND CITY, CA 90002

- 1. Amount of annual aggregate coverage being assured by this letter..... \$ 5,000
- 2. Total tangible assets..... \$ (Asset Figures)
- 3. Total liabilities..... \$ (Liability Figures)
- 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... \$ (Net Worth Figures)

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at FUND CITY, CA  
(Place of Execution)

On JULY 3, 1995  
(Date)

Rhea Cycle  
(Signature)

RHEA CYCLE  
(Printed Name)

OWNER  
(Title)

NOTE: **Effective July 1, 1995, California Small Businesses and California Businesses with 500 employees or less must demonstrate at least \$5,000, exclusive of the UST Cleanup Fund, businesses with over 500 employees must demonstrate at least \$10,000. (Chap. 6.75 H&SC, Sect. 25299.32)**

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as follows or you may complete this letter by filling in the blanks with appropriate information:

**LETTER FROM CHIEF FINANCIAL OFFICER**

I am the Chief Financial Officer for \_\_\_\_\_  
(Business name, business address, and correspondence address of owner or operator)

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ \_\_\_\_\_ per occurrence and \$ \_\_\_\_\_ annual aggregate coverage.  
(Dollar Amount) (Dollar Amount)

Underground storage tanks at the following facilities are assured by this letter:

\_\_\_\_\_  
(Name and address of each facility for which financial responsibility is being demonstrated.)

- 1. Amount of annual aggregate coverage being assured by this letter..... \$ \_\_\_\_\_
- 2. Total tangible assets..... \$ \_\_\_\_\_
- 3. Total liabilities..... \$ \_\_\_\_\_
- 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)..... \$ \_\_\_\_\_

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at \_\_\_\_\_  
(Place of Execution)

On \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)