



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

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 CCR, Title 23 Division 3, Chapter 18, Section 2807:
 500,000 dollars per occurrence 1 million dollars annual aggregate
 or **AND** or
 1 million dollars per occurrence 2 million dollars annual aggregate

B. _____ hereby certifies that it is in compliance with the requirements of California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.
(Name of tank Owner or Operator)

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 Compensation
State UST Fund	State UST Cleanup Fund PO Box 944212 Sacramento, CA 94244-2120	N/A	\$995000 per occurrence and annual aggregate	State UST Cleanup Fund Continuous	Yes	Yes
Chief Financial Officer Letter		N/A	\$5000 per occurrence and annual aggregate	Annual	Yes	Yes

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 and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address

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

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)

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 CCR, Title 23, , Division 3, Chapter 18, Section 2808.1.
- 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:
[]
: 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.

Send the original completed form to the local agency(ies) that issue the UST permit(s) for the listed site(s). Keep a copy of the certification at each UST site. Local agency contact information is available at: www.calcupa.net/cupacontactlist.xls.

If you have questions about financial responsibility requirements or about the Certification of Financial Responsibility form, please contact the State Water Resources Control Board, Underground Storage Tank Cleanup Fund at 1-800-813-FUND (3863) or refer to www.waterboards.ca.gov/cwphome/ustcf/howtocontactus.htm.

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.