ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Underground Storage Tank Financial Responsibility Form

Owners or Operators of Underground Storage Tank (UST) systems are required to provide proof of Financial Responsibility (FR) annually to the Alaska Department of Environmental Conservation (ADEC). FR submittals or verification of FR are also required when installing a new UST, responding to a cleanup, changing ownership or FR mechanisms, or at the request of ADEC. Financial Responsibility is required for USTs owned or operated by private parties or local governments.

A. Owner/Operator Information				
1. Owner ID:	2	Owner Name:		
3. Owner Type: Please Check one: [] Petroleum Marketer [] Petroleum Non-Marketer				
4. Monthly Throughput*: Check one: [] Less than 10,000 gallons [] 10,000 gallons or more				
5. Number of Tanks*: Total number of regulated tanks*nationwide if applicable				
B. Facility Information (please use additional forms if you have more facilities)				
1. ADEC FACILITY ID#	NAME & LOCATION:			
2. ADEC FACILITY ID#	NAME & LOCATION:			
3. ADEC FACILITY ID#	NAME & LOCATION:			
4. ADEC FACILITY ID#	NAME & LOCATION:			
5. ADEC FACILITY ID#	NAME & LOCATION:			
6. ADEC FACILITY ID#	NAME & LOCATION:			
C. Financial Responsibility Information				
I have provided this completed and signed Certification of Financial Responsibility form to ADEC because of one of the following (check all that apply): [] Newly installed UST system [] Response to a cleanup [] FR mechanism changed				
[] Annual proof to ADEC [] Request by ADEC or EPA [] Other				
		T Questions? 907) 465-5283 9-7679	Financial Responsibility Questions? UST FR Coordinator: (907) 269-7579	

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Certification of Financial Responsibility	(In accordance with 40 CFR 280.111(b)(11)(i))			
hereby certifies that he / she is in compliance	[name of Owner or Operator] with the requirements of Subpart H of 40 CFR Part ance mechanism(s) used to demonstrate financial t 280 and 18 AAC 78.910 is (are) as follows:			
Type of Mechanism (check all that apply):				
[] Insurance [] Self -insurar	nce [] Guarantee			
[] Letter of Credit [] Surety Bond	Standby Trust Fund			
[] Local Government Bond [] Local Government	rnment Test [] Other:			
Name of Insurer or company providing FR	;			
Mechanism Number (insurance policy num	<u>nber)</u> :			
Amount of Coverage: Per occurrence:	Annual aggregate:			
Effective Period of Coverage: From	to			
Included Coverage (check all that apply):				
Covers: [] "Taking corrective action"				
[] "Compensating third-parties for bodily injury and property damage"				
Caused by: []"Sudden accidental" []"Non-sudden accidental" []"Accidental" releases				

<i>Note:</i> This certification form must be signed by considered complete. Incomplete forms will be				
Signature of owner or operator	Signature of witness			
Printed name of owner or operator	Printed name of witness			
Title	Date			
This form and supporting documents can be subm If the documents are submitted by email or fax the	itted by email, fax or mail. Email or fax is preferred . e hard copies do not need to be mailed.			

Email: decustfr@alaska.gov Fax: (907) 465-5245

Mail: ADEC FR Unit, P.O. Box 111800, Juneau AK 99811