

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. (Name of tank Owner or Op	Regulations, 11tle 23, Division 3, Chapter 18, Article 3, Section 2807.							
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		
Note: If you are us	ing the State Fund as any part of your	demonstration of fir	nancial responsibility	, your execution and	submission of this	certification also		
certifies that you are in compliance and shall remain in compliance wit ${f D}_{f \cdot}$ Facility Name			Facility Address					
Facility Name			Facility Address					
Facility Name			Facility Address					
Facility Many			Facility Address					
Facility Name			raciny Address					
Facility Name			Facility Address					
Facility Name			Facility Address					
· worry · rand			· dearly · real-low					
Facility Name			Facility Address					
\mathbf{E}_{ullet} Signature of Tank Owner or Operator		Date	Name and Title of Tank Owner or Operator					
Signature of Witness or Notary Date		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 Provide the full legal name of either the tank owner or the tank operator. or 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:

1"

e 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 PartyCompensation
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.

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 MAKE BELIEVE CO., 123 TANK STR (Business name, business address, and correspondence address of	EET, owner or operator)
FUND CITY, CA 90001; P.O. BOX 100, FUND CITY, CA 90001	ornation operatory
This letter is in support of the use of the Underground Storage Tank Cle financial responsibility for taking corrective action and/or compensating the injury and property damage caused by an unauthorized release of petroleus 5,000 per occurrence and 5,000 annual agg (Dollar Amount)	nird parties for bodily m in the amount of at least
Underground storage tanks at the following facilities are assured by this le MAKE BELIEVE CO., STATION #1, 123 TANK ST., FUND CITY, CA 90001 (Name and address of each facility for which financial responsibility is being demonstrated.)	tter:
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 sp Chapter 18, Division 3, Title 23 of the California Code of Regulations.	ecified in subsection 2808.1(d)(1)
I declare under penalty of perjury that the foregoing is true and correct to the belief.	he best of my knowledge and
Executed at FUND CITY, CA (Place of Execution)	
OnULY 3, 1995 Rhier Cycle	
(Signature)	
RHEA CYCLE (Printed Name)	
OWNER (Title)	

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I am th	ne Chief Financial Officer for	e address of owner or operator)
respon injury \$	etter is in support of the use of the Underground Storage T sibility for taking corrective action and/or compensating thi and property damage caused by an unauthorized release of per occurrence and \$ a (Dollar Amount) (Dollar Amount) ground storage tanks at the following facilities are assured by	rd parties for bodily petroleum in the amount of at least nnual aggregate coverage.
(Name a	nd address of each facility for which financial responsibility is being demonstra	red.)
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)	\$
	y certify that the wording of this letter is identical to the wor 18, Division 3, Title 23 of the California Code of Regulati	
_	re under penalty of perjury that the foregoing is true and cor	
Execut		The state of the s
On	(Date)	
(Signatur	e)	
(Printed N	Name)	
(Title) UST 02FR r	revised 4/95	