



# THE COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF REVENUE

### UNDERGROUND STORAGE TANK PROGRAM

100 Cambridge Street, 7<sup>th</sup> Floor - P.O. Box 9563  
Boston, Massachusetts 02114-9563 ~ (617) 626-2600 ~ 617-626-2619(fax)



#### APPENDIX 2 –APPLICATION FOR ELIGIBILITY

**INSTRUCTIONS:** Please type or print all items and sign the certification statement. A separate Application for Eligibility is required for each Release. Documentation of Full Compliance must accompany this application, including a copy of the Certificate of Compliance (COC), the Massachusetts Department of Environmental Protection (DEP) Notice of Responsibility (NOR) or documentation stating the date the release was reported to DEP and type of contamination released. **DO NOT ATTACH BILLS OR INVOICES TO THIS APPLICATION.** Note: If you are not the UST System Owner, you must attach authorization to file this application as detailed in 503 CMR 2.08(3).

I. APPLICANT INFORMATION	II. DISPENSING FACILITY INFORMATION
Name of Applicant _____	Name of Dispensing Facility _____
Contact Person _____	Site Address _____
Mailing Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Contact Person _____
Phone Number (include Area Code) _____	Dispensing Facility Phone Number (include Area Code) _____

#### III. GENERAL INFORMATION

1. Applicant is the (check one):  Owner  Owner and Operator  Operator (attach authorization)  Other (identify) \_\_\_\_\_
2. Number of Facilities owned by Applicant in Massachusetts (check one):  1  2  3 or more
3. Please provide **ONLY** the last four digits of your  Federal I.D. Number OR  Social Security Number: \_\_ \_\_ \_\_ \_\_
4. Based on the previous calendar year, state the average monthly Petroleum Product throughput for this Facility (gal/month): \_\_\_\_\_
5. Current use of site (check all that apply):  Dispensing Facility  Marina  Other: \_\_\_\_\_  
 Open to Public  Not Open to Public

#### IV. SPILL INFORMATION

1. DEP Release Tracking Number: \_\_\_\_\_ Date of Notification to DEP: \_\_\_\_\_
2. Release is:  Gasoline  Diesel  Both. Any other known contaminant(s) (list): \_\_\_\_\_
3. Source of Released Petroleum Product (if known): \_\_\_\_\_
4. Type of Reimbursement sought at this time (check one):  Response Action  Third Party  Both  None
5. Other parties with potential involvement (if known):
  - a) Tank System Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Ownership: \_\_\_\_\_ to \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
  - b) Landowner: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Ownership: \_\_\_\_\_ to \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
  - c) Third Party(ies): \_\_\_\_\_ Phone: \_\_\_\_\_ Association with Applicant or Release \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
6. Do you have insurance that covers this release?  Yes  No

#### VI. CERTIFICATION

I certify under the penalty of perjury that to the best of my knowledge and belief the statements made and information given herein are true as of the date hereof. I further certify that this submission is in compliance with M.G.L. c. 21J and 503 CMR 2.00. I hereby consent to all audits of payment and necessary inspections made to verify the accuracy of any submission to the Board and made pursuant to law and incidental to the issuance of licenses, registrations, permits, certificates and the operation of an UST System. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment. I further certify that in accordance with 503 CMR 2.03(7)(b), I am authorized to execute this form.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_