



Massachusetts Department of Environmental Protection
 Bureau of Air & Waste
 Underground Storage Tank (UST) Program
UST3 - Financial Responsibility Registration

UST Facility Name _____

UST Facility ID # _____

Note:
 If this is a new registration, MassDEP will provide you with a UST Facility ID Number.

You must complete this form for all registered UST(s). Check the applicable category, complete all applicable sections of this form, and submit it with the UST1-Cover Sheet/Certification and any required attachments.

New Financial Responsibility Registration **Update Existing Financial Responsibility Information**

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Owner/Operator Financial Responsibility

1. Facility Financial Responsibility Summary				
a. Total number of "In Use" and "Temporarily Out of Service" tanks at this facility subject to 310 CMR 80.00 Financial Responsibility Requirements:	Number _____			
b. All tanks subject to 310 CMR 80.00 Financial Responsibility Requirements meet them under:				
<input type="checkbox"/> The Massachusetts 21J Fund Program – <i>Skip to B. and complete 1.</i>				
<input type="checkbox"/> Mechanisms other than the 21J Fund Program – <i>Skip to 2. and complete all other applicable sections.</i>				
<input type="checkbox"/> A combination of the 21J Fund Program and other mechanisms – <i>Complete c. and all other applicable sections.</i>				
c. Indicate the type/combination of coverage for each tank.	<u>Tank ID</u>	<u>Tank ID</u>	<u>Tank ID</u>	<u>Tank ID</u>
21J Fund Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Mechanisms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note:
 "Aggregate" refers to ALL tanks and ALL through-put at ALL facilities owned by this entity.

2. Determination of Aggregate & Per Occurrence Financial Responsibility Requirements			
a. Required Aggregate Coverage:		b. Required Per Occurrence Coverage	
Total Tanks Owned	Minimum Coverage	Total Monthly Through-Put	Minimum Coverage
<input type="checkbox"/> 100 or Fewer	\$1 Million	<input type="checkbox"/> 10,000 Gallons or Less	\$500,000
<input type="checkbox"/> 101 or More	\$2 Million	<input type="checkbox"/> More Than 10,000 Gallons	\$1 Million

Note:
 Check all applicable mechanisms and complete all associated fields.

B. Applicable Financial Responsibility Mechanisms

<input type="checkbox"/> 1. Massachusetts Underground Storage Tank Petroleum Cleanup Fund (21J Program)			
a. Effective period of coverage:	_____ MM/DD/YYYY	to	_____ MM/DD/YYYY
b. Department of Revenue (DOR) Certificate of Compliance:			Number _____

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Note:
 Check all applicable mechanisms and complete all associated fields.

B. Applicable Financial Responsibility Mechanisms (continued)

<input type="checkbox"/> 2. Financial Test of Self Insurance				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID
The following documents are attached to this form: <ul style="list-style-type: none"> <input type="checkbox"/> CFO's letter based on year-end financial statements for the most recently completed financial reporting year; and <input type="checkbox"/> Year-end financial statements on which the financial test is based in accordance with 310 CMR 80.59(2)(j). <input type="checkbox"/> Special report if using Alternative II at 310 CMR 80.54(10)(c). 				

<input type="checkbox"/> 3. Guarantee				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID
The following documents are attached to this form: <ul style="list-style-type: none"> <input type="checkbox"/> CFO's letter based on year-end financial statements for the most recently completed financial reporting year in accordance with 310 CMR 80/59(2)(k); and <input type="checkbox"/> Signed standby trust agreement established by the owner/operator and any amendments in accordance with 310 CMR 80.59(2)(j); and <input type="checkbox"/> A copy of the fully executed Guarantee. 				

<input type="checkbox"/> 4. Commercial Insurance				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID



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B. Applicable Financial Responsibility Mechanisms (continued)

<input type="checkbox"/> 5. Risk Retention Group Coverage				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID

<input type="checkbox"/> 6. Surety Bond				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID

<input type="checkbox"/> 7. Irrevocable Standby Letter of Credit				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID

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B. Applicable Financial Responsibility Mechanisms (continued)

<input type="checkbox"/> 8. Trust Fund				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID
The following document is attached to this form: <input type="checkbox"/> A duplicate of the original signed Trust Agreement.				

<input type="checkbox"/> 9. Local Government Bond Rating Test				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID

<input type="checkbox"/> 10. Local Government Guarantee				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID

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B. Applicable Financial Responsibility Mechanisms (continued)

<input type="checkbox"/> 11. Local Government Financial Test of Insurance				
a. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
b. Issuer/Holder:	Name	c. Mechanism Number:		Number
d. Per Occurrence:	\$ Amount	e. Aggregate Coverage		\$ Amount
f. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
g. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID
<input type="checkbox"/> 12. Local Government Fund				
h. Effective period of coverage:		MM/DD/YYYY	to	MM/DD/YYYY
i. Issuer/Holder:	Name	j. Mechanism Number:		Number
k. Per Occurrence:	\$ Amount	l. Aggregate Coverage		\$ Amount
m. Does this mechanism cover all applicable USTs at this facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
n. If No, identify each tank covered:		Tank ID	Tank ID	Tank ID