

State of California State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2121

(Instructions on reverse side)

For State Use Only

# **CERTIFICATION OF FINANCIAL RESPONSIBILITY**

# FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

<ul> <li>I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23,</li> <li>Division 3, Chapter 18, Section 2807,</li> </ul>						
X 500,000 dollars per occurrence			X <sub>1 milli</sub>	on dollars annual	aggregate	
	or	AND		or		
1 million d	ollars per occurrence		└── 2 milli	on dollars annual	aggregate	
		hereby certifies tha	t it is in compliance t	with the requirer	ments of Section	on 2807,
(Name of Tank Owner or Operator) California Code of Regulations, Title 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 Comp
State UST Fund	State UST Cleanup Fund P.O. Box 944212 Sacramento, CA 94244-2120	N/A for UST Cleanup Fund	\$995,000 per Occurrence and Annual Aggregate	State UST Cleanup Fund Continuous	YES	YES
Chief Financial Officer Letter	Make Believe Co. 123 Tank Street Fund City, CA 90001	N/A for this mechanism	\$5,000 per Occurrence and Annual Aggregate	Annual	YES	YES
Note: This is a sample certification of a petroleum UST owner or operator using the State Cleanup Fund as the Financial responsibility mechanism, in conjunction with the state alternative mechanism "Letter from Chief Financial Officer." For additional information and requirements refer to Title 23, Division 3, Chapter 18, of the California Code of Regulations and Division 20, Chapter 6.75 of the California Health and Safety Code.						
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 maintain compliance with <u>all</u> conditions for participation in the Fund. See instructions.						
D. Facility Name  Make Believe Co.		Fa	Facility Address Station #1 123 Tank Street Fund City, CA 90002			
Facility Name Make Believe Co.			Facility Address Station #2 200 Site Avenue Fund City, CA 90002			
Facility Name		Fa	cility Address			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Owner or Operator		ame and Title of Tank C	·		
Rhea Cycle 7-3-07			Rhea Cycle - Owner			
Signture of Witness or Notary Date 7-3-07			Name of Witness or Notary  Tom Storage			
LUM/ X	y o lagy '			Tom Otorag	,·	

CFR (Revised 11/08) FILE: Original - Local Agency Copies - Facility/Site(s)



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# **CERTIFICATION OF FINANCIAL RESPONSIBILITY**

# FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A.	A. I am required to demonstrate Financial Responsibility in the required an Division 3, Chapter 18, Section 2807,  500,000 dollars per occurrence  or  1 million dollars per occurrence			nounts as specified in California Code of Regulations (CCR), Title 23,  1 million dollars annual aggregate  or 2 million dollars annual aggregate				
	B hereby certifies that it is in compliance with the requirements of Section 2807,  (Name of Tank Owner or Operator)  California Code of Regulations, Title 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 Typ <i>e</i>	Name and Address of Issuer	Mechanis Number		Coverage Amount	Coverage Period	Corrective Action	Гhird Party Comp
Note:	Note:							
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 maintain compliance with <u>all</u> conditions for participation in the Fund. See instructions.								
D.	D. Facility Name		Facility Address					
Facility Name		Facility Address						
Facility Name		Facility Address						
E. Signature of Tank Owner or Operator Date		Name and Title of Tank Owner or Operator						
Signture of Witness or Notary Date		Name of Witness or Notary						

#### INSTRUCTIONS

### CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All UST sites owned or operated may be listed on one form, therefore, a separate certification is not required for each site.

#### DOCUMENT INFORMATION

A. Coverage Required Check the appropriate boxes.

B. Name of Tank Owner Full name of either the tank owner or the 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 Section 2808.1 Chapter 18, Div. 3, Title 23, CCR (see Financial Responsibility Guide for more information). (See the Financial Responsibility Guide for more information at: http://www.waterboards.ca.gov/water\_issues/programs/ustcf/financialresponsibility.shtml

If using the State Cleanup Fund to demonstrate financial responsibility, you must meet all applicable eligibility requirements contained in California Health and Safety Code, Chapter 6.75, Division 20 and Title 23 of the California Code of Regulations, Division 3, Chapter 18. The payment of UST storage fees imposed pursuant to Article 5 of Chapter 6.75 of Division 20 of the Health and Safety Code does not guarantee funding – persons using the State Cleanup Fund must satisfy all applicable eligibility requirements.

Name of Issuer	List all names and address of companies and/or individuals issuing coverage.
Name of 155uci	LIST All HATTIES AND ADDIESS OF COMPANIES AND/OF INDIVIDUALS ISSUING COVERAGE.

**Mechanism Number** List identifying number for each mechanism used. Example: insurance policy number,

Letter of Credit number, etc., etc., If using the State Cleanup Fund, leave blank.

**Coverage Amount** Indicate amount of coverage for each listed mechanism. If more than one mechanism

is indicated, total must equal 100% of financial responsibility for each site.

**Coverage Period** Indicate the effective date(s) of all mechanisms. State Cleanup Fund coverage is

continuous as long as you maintain compliance and remain eligible to participate in the

Fund.

Indicate yes or no. Does the specified financial assurance mechanism provide **Corrective Action** 

coverage for corrective action? It is a required coverage. If using the State Cleanup

Fund, indicate "yes."

**Third Party** Indicate yes or no. Does the specified financial assurance mechanism provide Compensation

coverage for corrective action? It is a required coverage. If using the State Cleanup

Fund, indicate "ves."

D. Facility Provide all facility and or site names and addresses.

Information

E. Signature Block Provide signature and date signed by tank owner or operator; printed or typed name

and title of tank owner or operator; signature of witness or notary and date signed; and

printed or typed name of witness or notary. (If notary signs please attach

documentation.)

#### Where to Mail certification:

Please send original to your local agency(ies) [agency(ies) that issues the UST permits]. Keep a copy of the certification at each listed site. For information on your local agency(ies) refer to http://www.calcupa.net/contact/default.asp.

#### Questions:

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

http://www.waterboards.ca.gov/water\_issues/programs/ustcf/contactus.shtml.

#### Note: Penalties for Failure to Comply with Financial Responsibility Requirements:

Failure to comply may result in: 1) jeopardizing claimant eligibility for the State Cleanup Fund, and 2) liability for civil penalties of up to \$10,000 per day, per underground storage tank, for each day of violation as stated in Article 7, Section 25299.76(a) of the California Health and Safety Code.

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

			01110211
I am th	e Chief Financial Officer for MAKE	BELIEVE CO., 123 TAN	NK STREET,
FUI	ND CITY, CA 90001; PO. BOX 100, FUN	ND CITY, CA 90001	• /
financia injury a	tter is in support of the use of the Under all responsibility for taking corrective and property damage caused by an una	action and/or compensatuthorized release of pe	ating third parties for bodily etroleum in the amount of at least
<u>\$</u> (Do	5,000 per occurrence and \$	(Dollar Amount) anni	ial aggregate coverage.
Underg	ground storage tanks at the following factors and the following factors are the following factors and the following factors are the following factors at the following factors are the factors are	acili <mark>tie</mark> s are assured by	this letter:
MA	KE BELIEVE CO., STATION #2, 789 SITE	AVE., FUND CITY, CA	90002
1.	Amount of annual aggregate covera by this letter		<u> </u>
2.	Total tangible assets		\$ (Asset Figures)
3.	Total liabilities		\$ (Liability Figures)
4.	Tangible net worth (subtract line 3 f Line 4 must be at least 10 times line		\$ (Net Worth Figures)
	y certify that the wording of this letter r 18, Division 3, Title 23 of the Californ		ding specified in subsection 2808.1(d)(1), ons.
I declar belief.	re under penalty of perjury that the for	egoing is true and corr	ect to the best of my knowledge and
Execute	ed at FUND CITY, CA (Place of Execution)		
On	JULY 3, 1995		
(Signature	Rher Cycle		
` •	CYCLE		
(Printed N	Name)		
OWNE	R		

UST 02FR revised 4/95

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 th	te Chief Financial Officer for	address of owner or operator)
responsinjury a	tter is in support of the use of the <b>Underground Storage Ta</b> sibility for taking corrective action and/or compensating thir and property damage caused by an unauthorized release of p per occurrence and \$ ar (Dollar Amount) (Dollar Amount)	d parties for bodily etroleum in the amount of at least inual aggregate coverage.
	ground storage tanks at the following facilities are assured by	
(Name ar	nd address of each facility for which financial responsibility is being demonstrate	ed.)
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)	\$
	by certify that the wording of this letter is identical to the worder 18, Division 3, Title 23 of the California Code of Regulation	
I decla	re under penalty of perjury that the foregoing is true and cor-	rect to the best of my knowledge and belief.
Execut	red at(Place of Execution)	
On	(Date)	
(Signatur	re)	
(Printed 1	Name)	
(Title)		

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