

**NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
STATE PETROLEUM REIMBURSEMENT FUND
APPLICATION FOR COVERAGE**

Summary of Items to be completed by Applicant:

1. Application for Coverage

Supporting Documents for Application for Coverage

- a. Leak detection results before and after release discovery
- b. Copy of letter from regulatory case officer that requires corrective action
- c. Site map that identifies locations of (1) UST system leaking component(s) and (2) soil and/or groundwater contamination
- d. Documentation showing that leaking component has been removed, replaced, or repaired
- e. Most recent laboratory analyses and leaking underground storage tank status report

The Application for coverage should be mailed to the following address:

NDEP Petroleum Fund Claims Program
901 South Stewart St., Suite 4001
Carson City, NV 89701

If you have any questions regarding the Application for Coverage please call (775) 687-9368. Additional information regarding the Petroleum Fund may be found at the NDEP website:

<http://www.ndep.nv.gov/bca/fundhome.htm>

2. **State of Nevada Vendor Registration IRS Form. (REVISED as of 06/16)**

When mailing the State of Nevada Vendor Registration IRS Form, mailed to:

State Controller's Office
Attn: Ms. Erika Zepeda
555 E. Washington Ave., Suite 4300
Las Vegas, NV 89101-1071
Phone: (702) 486-3810 or (702) 486-3856

For greater convenience, register directly online on the State Controller's website at <http://www.controller.nv.gov/>. Click on Vendor Database Services and follow the steps to the online vendor registration form. The current revision is dated 06/16 on the bottom right hand corner of the form.

Once on the Controller's site click on:

1. Vendor Database Services
2. About/Forms
3. Electronic Vendor Registration (on-line powerform) or Nevada Vendor Registration Form (PDF)

If an outdated form is submitted, it will not be in noncompliance with the current IRS rules, and will be rejected.

Please note that the State Controller's Office no longer accepts forms by fax. The preferred option for vendor registration forms, with the quickest turnaround, is online registration. For questions regarding the State of Nevada Vendor Registration IRS Form please visit the Controller's website at: <http://www.controller.nv.gov/> or by calling (702) 486-3810.

NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
STATE PETROLEUM REIMBURSEMENT FUND

APPLICATION FOR COVERAGE

Date: _____

State Facility I.D Number: _____ Spill Report Number: _____

I. General Information

Name of Applicant:

Mailing Address:

Phone Number: (_____) _____

Contact Person (other than CEM) Representing Applicant: _____

Contact Person Phone Number: (_____) _____

Email Address: _____

Applicant Information (Mark all that Apply)

Owner of Subject Tank System

Owner of Land on which the Subject Tank System is Located

Name of Facility at Release Site: _____

Tank System(s) Physical Address: _____

County: _____

Contact Person at Facility: _____ Phone Number: (_____) _____

Certified Environmental Manager (CEM) Information

Company Name: _____ CEM Name: _____

Address: _____

Phone Number: (_____) _____ Email _____

CEM Number & Date of Expiration: _____

Regulatory Case Officer/ Regulatory Agency: _____

DESCRIPTION OF LEAKING TANK SYSTEM

Please complete **only** for each tank system that has leaked petroleum.

If the information is unknown, state "UNKNOWN." Use extra sheets as necessary.

LEAKING TANK SYSTEM IDENTIFICATION NUMBER	TANK#	TANK#	TANK#
<u>TANK SYSTEM TYPE</u>			
UNDERGROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FARM OR RESIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PORTABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YEAR TANK WAS INSTALLED			
TANK CAPACITY (GALLONS)			
SUBSTANCE RELEASED (Gasoline, diesel, new oil, heating oil, waste oil, ATF, etc.)			
DATE TANK LAST USED or IN USE			
<u>LOCATION OF LEAK</u>			
TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please Identify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE DISCHARGE WAS DISCOVERED: DATE LEAKING COMPONENT WAS REPAIRED, REPLACED, OR REMOVED FROM SERVICE	/ / / /	/ / / /	/ / / /
<u>FUND USE ONLY</u>	Y/N	Y/N	Y/N
TANK ENROLLED IN FUND ON DATE LEAK WAS DISCOVERED	INIT: _____	INIT: _____	INIT: _____

II. Underground Storage Tank Compliance

(Not applicable to heating oil tanks)

- 1. a) Is this is a federally regulated underground storage tank (UST) system? Yes / No
- b) Has the owner/operator maintained the required records for leak detection performance, upkeep, corrosion protection, and any records showing that the UST system was properly repaired and/or upgraded? Yes / No

- 2. Was/Were the tank system(s) in compliance with the applicable regulations at the time of release discovery? Yes / No

Enclose copies of leak detection results for both the tank and piping (e.g., annual tightness testing, SIR, etc.) six months before and after the date of release discovery. (You may be asked to supply additional supporting documents at a later date).

FUND USE ONLY

**Files reviewed for compliance with regulations
by:**

_____ *Initials*

_____ *Date*

III. Release Discovery and Source of Contamination

- 3. a) Describe how and by whom the release was discovered. Describe the events leading up to the release discovery.

- b) Identify the component (or components) of the tank system that leaked. Provide a site map that identifies the component(s) that leaked and the approximate location of any soil and/or groundwater contamination. Provide documentation that shows that the leaking component was repaired or replaced, or that the tank system was removed.

– Describe in detail what caused this UST system component to leak.

- c) Describe, in general terms, the extent of soil and/or groundwater contamination, and

summarize the investigation and/or remediation conducted to date. Provide a copy of the letter from your regulatory case officer that requires you to address the identified soil and/or groundwater contamination.

d) Is groundwater impacted? Yes / No.

Provide the most recent laboratory analyses and, if available, status (e.g., quarterly) report.

4. Is overfill and/or spill contamination present? Yes / No.

Describe the location and dimensions of the overfill/spill contamination.

5. Has there been any other suspected or confirmed releases for this facility? If so, please describe.

6. Have you claimed or received, or do you expect to claim or receive, compensation for corrective action costs from **ANY** source other than the Nevada Petroleum Fund, including lawsuits, insurance settlements (other settlements including third-party), judgments or insurance contributions from other parties?

Yes / No.

If yes, state amount of other reimbursement:

\$_____ Identify source of reimbursement, including court case, name and number, if applicable:

7. Do you have insurance policies covering this site at date of release?

Yes / No.

If "Yes," list **ALL** insurance policies covering this site, attach copies of the policies and include the following information for each policy:

Carrier Name and Policy Number

Agent's Name and Phone Number

Specify if each policy covers corrective actions for petroleum contamination

If the policy covers corrective actions for petroleum contamination, provide the following:

Deductible

Amounts Paid to Date

Amounts Claimed and/or Expected to be Paid in the Future

IV. Statements, Certifications and Required Signature

1. As a condition of reimbursement by the State of Nevada Petroleum Fund (Fund), you are required to submit proof of payment within 60 days of receiving Fund payment that all contractors and subcontractors associated with corrective action activities at your site were paid within 30 days of receiving Fund payment. Proof must be in the form of copies of cancelled checks or payment affidavits.
2. Payment from the Fund for third party liability claims may be denied if the owner/operator failed to give written notice to NDEP of a pending lawsuit at the time the summons was served.
3. If this is an above ground tank system you must enclose the record(s) of the required monthly visual inspections with this application (NAC 590.740 (2)).
4. Please be aware that you are required to submit your first reimbursement request (Claim) within 12 months of the release discovery date (or the date that the release should have been discovered).
5. The State of Nevada Vendor Registration form (see next page) must be completed.

By Submitting this application, the Applicant affirms, certifies and agrees as follow:

1. **The Applicant certifies, under penalty of law, that Applicant is the appropriate person to request reimbursement, and that this document and all attachments were prepared under Applicant's direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted.**
2. **The Applicant is the Owner/Operator or duly authorized agent of the Owner/Operator responsible for this Site. The Applicant is and shall be responsible for assuring compliance with all applicable State and federal regulations.**
3. **The information submitted by the Applicant, to the best of Applicant's knowledge and belief, is true, accurate and complete.**
4. **The Applicant shall not be entitled to obtain any other reimbursement from any source other than the State for the same costs or work reimbursed by the State. Any reimbursement the Applicant receives or is entitled to receive, including insurance proceeds, is and shall be the property of the State of Nevada to the extent of payment(s) made to the Applicant by the State from the Petroleum Fund. Upon receipt of any such reimbursement from a source other than the State, Applicant shall immediately report and pay such reimbursement to the State.**

Applicant's Full Legal Name _____

Signature: _____

Applicant

Date

Note: Incomplete Applications will be returned.