



# UNDERGROUND STORAGE TANK FINANCIAL RESPONSIBILITY FORM

*Note: The Certification of Financial Responsibility form must be signed by the owner/operator and witness/notary to be complete. This form must be submitted in addition to financial responsibility documentation on an annual basis.*

### CERTIFICATION OF FINANCIAL RESPONSIBILITY

Source: §280.111(b)(11)(i) as adopted by A.A.C. R18-12-301(C)

\_\_\_\_\_ [Owner/Operator] hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280. The financial assurance mechanism(s) used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is (are) as follows:

**Type of Mechanism** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Financial Test of Self-Insurance   | <input type="checkbox"/> Standby Trust                     |
| <input type="checkbox"/> Guarantee                          | <input type="checkbox"/> Certificate of Deposit            |
| <input type="checkbox"/> Insurance and Risk Retention Group | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Surety Bond                        | <input type="checkbox"/> Local Government Financial Test   |
| <input type="checkbox"/> Letter of Credit                   | <input type="checkbox"/> Local Government Guarantee        |
| <input type="checkbox"/> Trust Fund                         | <input type="checkbox"/> Local Government Fund             |

**Name of Insurer/Company providing FR:** \_\_\_\_\_

**Mechanism Number** (Insurance Policy No.): \_\_\_\_\_

**Amount of Coverage:** Per occurrence: \$ \_\_\_\_\_ Annual aggregate: \$ \_\_\_\_\_

**Effective Period of Coverage:** From \_\_\_\_\_ To \_\_\_\_\_

**Retroactive Date of Policy:** \_\_\_\_\_

**Included Coverage** (check all that apply):

- |   |  |
|---|--|
| Covers: <input type="checkbox"/> "Taking corrective action"                                 | Caused by: <input type="checkbox"/> "Sudden accidental" releases |
| <input type="checkbox"/> "Compensating third-parties for bodily injury and property damage" | <input type="checkbox"/> "Non-sudden accidental" releases        |
|   | <input type="checkbox"/> "Accidental" releases                   |

\_\_\_\_\_  
[Signature of witness or notary]

\_\_\_\_\_  
[Name of witness or notary]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Signature of owner or operator]

\_\_\_\_\_  
[Name of owner or operator]

\_\_\_\_\_  
[Title]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Telephone and Email of owner or operator]

Please submit this form and supporting documents by email or mail. Email is preferred.

If the documents are emailed, the hard copies do not need to be mailed.

Arizona Department of Environmental Quality, Attn: Amy Aeed | 1110 W. Washington St. | Phoenix, AZ 85007  
Email: [ustfr@azdeg.gov](mailto:ustfr@azdeg.gov) | Telephone: 602.771.4316 | Toll Free in the state of Arizona 800.234.5677, ext 7714316