



STATE ASSURANCE FUND Preapproval Application

(updated May 2006)

WHEN TO USE: The Preapproval Application is the required format for an Eligible Person (Applicant) to submit activities and costs for ADEQ to review prior to the activities being conducted. After the preapproved corrective action work is performed, a Direct Payment Request is the required format to claim incurred costs.

In addition to the content specified within, use of black or dark blue print on white 8.5" by 11" paper is required for the application form. Additional information provided to document claimed corrective actions (i.e. drawings, blue prints, site plans, etc.) may be presented in other formats.

THIS APPLICATION INCLUDES:

- PA-1. The Preapproval Application Form**, which is required to be completed.
- PA-2. The Preapproval Work Plan**, which is required to be completed.
- PA-3. The Cost Work Sheet**, which is required to be completed.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE ASSURANCE FUND**

(PA-1) PREAPPROVAL APPLICATION

Mail or hand deliver one original and one copy of this completed application form and all attachments, except any tax return or other financial information is to be attached to the original only, to the below address:

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SAF Administrator
Mail Code 4415B-3
1110 West Washington Street
Phoenix, AZ 85007

ADEQ received stamp:

SECTION I – ELIGIBLE PERSON (APPLICANT) INFORMATION:

A. Name of Applicant: _____

B. Mailing address: _____
(street, city, state, zip code)

C. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

D. Department Assigned Identification (Owner ID) No.: _____

E. Applicant Status (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Owner - A.R.S. § 49-1001.01 | <input type="checkbox"/> Volunteer - A.R.S. § 49-1052 (I) |
| <input type="checkbox"/> Operator - A.R.S. § 49-1001(9) | <input type="checkbox"/> Political Subdivision - A.R.S. § 49-1052 (H) |

F. Applicant contact person (if different from the Applicant identified above):

1. Name and Relationship to the Applicant: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION II - FACILITY INFORMATION

- A. ADEQ assigned facility identification no.: 0-0
- B. Facility name: _____
- C. Facility address: _____
- D. LUST¹ file no.: _____
 Release Number(s)²: _____

Footnotes for Section II:

- 1: LUST file number – Leaking Underground Storage Tank (LUST) file number, this refers to the ADEQ assigned four digit number associated with the release(s) confirmed at the site.
- 2: Release number(s) – refers to the ADEQ assigned number that follows the four digit LUST number (ex: .01)

NOTE: If costs associated with more than one release are claimed on this Preapproval Application, the applicant must complete the “Multiple Release Allocation” table in Section III below (if additional lines are required, please attach a separate table set up in the same format):

SECTION III – APPLICATION SPECIFIC INFORMATION

- A. **This percentage split represents the best estimate of how costs claimed on this application should be allocated to each release based on corrective actions associated with each release:**

Release No.	Percentage Allocated for this Release
Total	Must equal 100%

NOTE: Releases reported on or after July 1, 2006 are not eligible for coverage from the SAF.

SECTION IV - PREAPPROVAL APPLICATION CONTENTS

This Preapproval Application consists of one original and one complete copy of the Preapproval Application form and all of its attachments, which include:

- ✧ PA-2, the Preapproval Work Plan.
- ✧ PA-3, the Cost Work Sheet.

SECTION V – FINANCIAL NEED PRIORITY RANKING NOTIFICATION

- ✧ I waive my right to have a financial need evaluation completed for this application.
- ✧ Notify me if ranking of SAF payment may be necessary so that I may provide necessary financial information.

SECTION VI - CORRECTIVE ACTION SERVICE PROVIDER INFORMATION

A. Corrective Action Service Provider (firm): _____

1. Contact Person: _____

2. Telephone No.: _____ Telefax No.: _____ E-Mail: _____

3. Mailing address: _____
(street, city, state, zip code)

SECTION VII - CERTIFICATION STATEMENT: APPLICANT

Instructions: This certification statement must be signed by the Applicant and any Designated Representative of the Owner or Operator. If the Owner or Operator has appointed a Designated Representative, a copy of the document executing the designation must be attached to the Preapproval Application. All signatures, including that of the Notary, and the Notary embossment or stamp must be original. No reproduced or copied signatures will be accepted. The entire Certification, signatures and notarization, unaltered from the ADEQ form, must be on one page.

All paragraphs of this certification, except Paragraphs 3 and 4, apply equally to the Applicant and the Designated Representative. **Paragraphs 3 and 4 apply only to an Applicant who is the UST owner or operator.**

CERTIFICATION STATEMENT: APPLICANT

1. I hereby certify that I have reviewed the attached cost estimate in the amount of \$ _____. which is the total amount claimed on this Preapproval Application. No costs claimed in this Preapproval Application are costs that have been previously paid from the Assurance Account. No costs claimed in this Preapproval Application are costs that have been previously paid from the Assurance Account. No costs claimed in this application have been previously claimed unless they are identified in the attached "Notice of Withdrawal" form (#W-3 and/or #W-4).
2. To the best of my knowledge and belief, I hereby certify that neither naphtha nor kerosene-type jet fuel has been placed in any UST that is a subject of this Preapproval Application.
3. **This item applies only to Owners and/or Operators of any UST that is the subject of this Preapproval Application:** I hereby certify that the tax imposed under A.R.S. Title 49, Chapter 6, Article 2 has been paid, in accordance with that Article, for each gallon of hazardous substance described in A.R.S. § 49-1001(14)(b) that has been placed in any UST that is a subject of this Preapproval Application.
4. **This item applies only to Owners and/or Operators of any UST that is the subject of this Preapproval Application:** I hereby certify that all insurance coverage that is available to cover the costs of the corrective action for the release that is the subject of this Preapproval Application has been disclosed to the Department and that I am in compliance with all Financial Assurance requirements pursuant to Arizona Revised Statutes (A.R.S.) § 49-1006 and Arizona Administrative Code Title 18, Chapter 12, Article 3. I hereby certify that no payment has been or will be received from any insurance or any other financial assurance mechanism by me or my consultant, representative, or agent for the costs of corrective actions that are the subject of this Preapproval Application.
5. I hereby certify that I have not been convicted of fraud relating to performance of eligible activities or any claim to the Assurance Account.
6. I hereby certify, under penalty of perjury, that all facts and statements set forth as part of this Preapproval Application and all attachments are true, accurate and complete to the best of my information and belief.

<p>_____ Signature of Applicant</p> <p>_____ Printed Name</p> <p>_____ Relationship to Eligible Person</p>	<p>Sworn to and subscribed this: ____ day of _____, 20__</p> <p>_____ Notary Public Signature</p> <p>_____ My commission expires</p> <p>County of _____, State of _____</p>
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**SECTION IX - CERTIFICATION STATEMENT:
CORRECTIVE ACTION SERVICE PROVIDER**

Instructions: This certification statement must be signed by the Corrective Action Service Provider Supervising, managing or performing the eligible activities that are a subject of the Preapproval Application. All signatures, including that of the Notary, and the Notary embossment or stamp must be original. No reproduced or copied signatures will be accepted. The entire Certification, signatures and notarization, unaltered from the ADEQ form, must be on one page.

1. I hereby certify that the work plan that is part of this Preapproval Application, including the cost estimate which is part of that work plan, has been prepared by me and meets the requirements of A.A.C. R18-12-605(C).
2. I hereby certify that the work plan which is part of this Preapproval Application, including the cost estimate that is part of that work plan has been prepared in accordance with the applicable requirements of the Arizona Board of Technical Registration.
3. I hereby certify that neither I, as the corrective action service provider or as an individual, nor any individual registrant of the Arizona Board of Technical Registration associated with the eligible activities that are a subject of this Preapproval Application have been convicted of fraud relating to performance of any eligible activities or any claim to the Assurance Account.

Service Provider's Signature

Printed Name/Title

Company Name

Sworn to and subscribed this: ____ day of _____, 20__

Notary Public Signature

My commission expires
County of _____ . State of _____