State of California State Water Resor Division of Clean P.O. Box 944212 Sacramento, CA	rces Control Board Water Programs		For State Use 0	Only				
CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM								
A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:								
B. hereby certifies that it is in compliance with the requirements of Section 2807,  (Name of tank Owner or Operator) Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.								
The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:  C. Mechanism   Name and Address of Issuer   Mechanism   Coverage   Coverage   Corrective   Third Party								
C. Mechanism Type	Name and Address of Issuer	Number	Coverage Amount	Coverage Period	Action	Third Party Compensation		
certifies that you are in compliance with all conditions for participation in		ncial responsibility, your execution and submission of this certification also n the Fund.						
D. Facility Name			racility Address					
Facility Name			Facility Address					

Facility Name

Facility Name

Facility Address

Facility Address

Facility Address

Facility Name

Facility Name

E. Signature of Tank Owner or Operator

Signature of Witness or Notary

Facility Address

Facility Address

Name and Title of Tank Owner or Operator

Name of Witness or Notary

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

Date

Date

(Instructions on Reverse)

## INSTRUCTIONS FOR CERTIFICATION OF FINANCIAL RESPONSIBILITY

Please type or print information clearly. All underground storage tank (UST) sites owned or operated may be listed on one form, therefore a separate certification is not required for each site. For questions regarding required coverage amounts or approved financial responsibility mechanisms, please refer to the State Water Resources Control Board's publication, "Petroleum Underground Storage Tank Financial Responsibility Guide" or call the UST Cleanup Fund at (800) 813-3863.

<b>A.</b>	Coverage Required	Check one box on the left side of the form to indicate coverage per occurrence (i.e. \$500,000 or \$1,000,000) <u>and</u> one box on the right side of the form to indicate annual aggregate coverage (i.e. \$1,000,000 or \$2,000,000).		
В.	Name of Tank Owner or Operator	Provide the full legal name of either the tank owner or the tank 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, Division 3, Title 23, CCR.		
	Name of Issuer	List the names and addresses of companies and/or individuals issuing coverage. If you use the State UST Cleanup Fund as a mechanism, use the following information:  Mechanism Type: "State UST Fund"  Name and Address of Issuer: "State UST Cleanup Fund, P.O. Box 944212, Sacramento, CA 94244-2120".		
	Mechanism Number	List the identifying number for each mechanism used (e.g. insurance policy number, letter of credit number, etc.). If using the State Cleanup Fund and/or a financial test of self-insurance (e.g. CFO letter), enter "N/A".		
	Coverage Amount	Indicate the per occurrence and annual aggregate coverage amount provided by each listed mechanism. If more than one mechanism is indicated, aggregate coverage mule equal 100% of required financial responsibility amounts.		
	Coverage Period	Indicate the effective date of each mechanism. State Cleanup Fund coverage continuous as long as you maintain compliance and remain eligible for participation.		
	<b>Corrective Action</b>	Does the specified mechanism provide coverage for corrective action? Indicate "Yes" or "No". If using the State Cleanup Fund, indicate "Yes".		
	Third Party Compensation	Does the specified mechanism provide coverage for third party compensation? Indicate "Yes" or "No". If using the State Cleanup Fund, indicate "Yes".		
D.	Facility Information	List the name and site address of each UST facility covered by this Certification.		
E.	Signature Block	The tank owner or operator must sign and date the Certification. Print or type the owner or operator's name and title in the space provided. The owner or operator's		

????? Per Health and Safety Code §25299.76(a), failure comply with UST Financial Responsibility requirements can result in civil penalties of up to \$10,000 per day, per UST, for each day of violation. Eligibility for reimbursement of claims submitted to the State Cleanup Fund may also be jeopardized.

as witness; however, if a notary signs, please attach documentation.

signature must be witnessed. The witness or notary must sign and date the Certification. Print or type the witness' name in the space provided. Anybody may sign

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

LETTERTROM CHIEF THANCEME OFFICER
I am the Chief Financial Officer for MAKE BELIEVE CO., 123 TANK STREET, (Business name, business address, and correspondence address of owner or operator)
FUND CITY, CA 90001; P.O. BOX 100, FUND CITY, CA 90001
This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$\frac{5,000}{(Dollar Amount)}\$ per occurrence and \$\frac{5,000}{(Dollar Amount)}\$ annual aggregate coverage.
Underground storage tanks at the following facilities are assured by this letter:
MAKE BELIEVE CO., STATION #1, 123 TANK ST., FUND CITY, CA 90001 and (Name and address of each facility for which financial responsibility is being demonstrated.)
MAKE BELIEVE CO., STATION #2, 789 SITE AVE., FUND CITY, CA 90002
1. Amount of annual aggregate coverage being assured by this letter
2. Total tangible assets \$\(\) (Asset Figures)
3. Total liabilities
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)
I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1 Chapter 18, Division 3, Title 23 of the California Code of Regulations.
I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.
Executed at FUND CITY, CA (Place of Execution)
On
(Signature) (Signature)
RHEA CYCLE (Printed Name)
OWNER

UST 02FR revised 4/95

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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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