

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD (PTRCB)**

**REQUEST FOR ALLOCATION OF COST TO CO-PAY**

**Form 11**

This form can **ONLY** be used if you have received a grant or insurance reimbursement for PTRCB eligible costs. This request may be submitted to seek allocation of costs to the PTRCB co-pay requirement, as allowed by current law (SB355), as of April 24, 2015. **Processing of this request will not result in reimbursement. This is for allocation to co-pay only.** Requests should be submitted upon completion of a task or tasks of a Department of Environmental Quality (DEQ)-approved corrective action plan (CAP) for a **single** petroleum release. **This allocation request form shall only be associated with a single plan and one release.** Please review the [Form 11 Instructions](#) before completing this form. If you require assistance, contact Board staff at 406-444-9710.

**Invoices submitted with this request can NOT be submitted for reimbursement on a Form 3 (Claim for Reimbursement-Corrective Action)**

1. Facility and Petroleum Release Information	
Name of Facility:	
Street Address:	
City:	
DEQ Facility Identification Number:	
DEQ Petroleum Release Number: (only one release #)	

2. Owner – Name and Address		3. Insurer/Grant Administrator Name and Address		4. Any other person – Name and Address	
Attn:		Attn:		Attn:	
Phone Number:		Phone Number:		Phone Number:	
Fax Number:		Fax Number:		Fax Number:	
Email Address:		Email Address:		Email Address:	
Do you want to receive Email about this request?	Yes No	Do you want to receive Email about this request?	Yes No	Do you want to receive Email about this request?	Yes No

**5. DEQ-approved Corrective Action Plan:** CAP Number: \_\_\_\_\_ Date: \_\_\_\_\_

**If there are multiple funding sources for this CAP, submit a [Form 10](#), or equivalent, with this form**

**6. Funding Mechanism:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**7. Allocation Request Total:** \_\_\_\_\_ (Complete Section 8, next page)

(This amount may be reduced to costs determined to be eligible, reasonable, actual and necessary)

**Facility Name:**

**Facility #:**

**Release #:**

8. **Allocation:** The work to be allocated must be in accordance with a DEQ-approved CAP. Submit itemized invoices and other supporting documentation with this request. Please clearly identify the amounts for which allocation is being requested.

**Please review Form 11 Instructions for detailed information on allocation of costs.**

Invoice Date	Invoice #	Invoice Amount	Amount Requested

9. **Certification:** I certify under penalty of perjury that I am the owner or a Grantor of funding to the owner. This request is for allocation of reasonable costs for work that was actually completed; was necessary to clean up the petroleum release at the facility identified in **Section 1**; and that to the best of my knowledge, all information herein provided is true and correct.

\_\_\_\_\_  
Owner/Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Owner/Operator

State of _____
County of _____
Signed and Sworn before me on this day _____ by: _____ Date Person who signed above
(SEAL) _____ Notary Public Signature
_____ Notary public name Printed or typed
Notary Public for the State of _____
Residing at _____
My Commission Expires _____

Submit this completed **Form 11** to:

**PETROLEUM TANK RELEASE COMPENSATION BOARD  
PO BOX 200902, HELENA MT 59620-0902**