

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD (PTRCB)**  
**INSTRUCTIONS FOR FORM 11**  
**REQUEST FOR ALLOCATION OF COSTS TO CO-PAY**

**Before making a request to PTRCB for allocation of costs or insurance reimbursement to the copay,** owners/operators should review [§75-11-307\(5\)](#) of the **Montana Code Annotated (MCA)** pertaining to monies paid or reimbursed by an insurer and to grants received by the owner. PTRCB-eligible investigation and cleanup costs paid by an insurer are considered to have been paid by the owner or operator toward satisfaction of the 50% co-payment requirements of subsection §75-11-307(4)(a)(ii) or (4)(b)(ii), if the owner or operator receives the insurer's payment or reimbursement **before** applying for reimbursement from the PTRCB. [Please review Form 3 & 10 Instructions](#) before submitting this Form 11.

An owner or grantor may submit a Request For Allocation Of Costs To Co-pay (Form 11) to request allocation of eligible corrective action costs associated with the cleanup of a release. Requests submitted for work completed more than five years prior to submission are not eligible for allocation. See [§75-11-307\(2\)\(i\), MCA](#). Requests submitted prior to the receipt of an Application for Eligibility Determination will be suspended until the release eligibility has been ratified by the PTRCB. Requests for allocation 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, therefore a **separate form is required for each corrective action plan for each release.**

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

The following instructions correspond with Sections 1-9 in the Form 11. If you need assistance completing this form, or have questions regarding the review of the Form 11, contact Board Staff at (406) 444-9710.

Information on current [rates \(mileage, etc.\), codes and tasks](#) can be found on the [PTRCB web site](#).

The **REQUEST FOR ALLOCATION OF COSTS TO CO-PAY (FORM 11)** is available in Portable Document Format (PDF) on the PTRCB web site. The PDF document can be completed on-line and saved to your computer.

**Section 1 — Facility and Release Information**

Record the facility and petroleum release information. Record the street address of the facility, NOT the mailing address. Record the DEQ facility identification number and the DEQ petroleum release number. If facility or release information is unknown, contact DEQ at 406-444-6443 for this information.

**Sections 2-4 — Owner/Insurance or Grant Administrator/Any other person**

Record the name, mailing address, telephone, fax number and email address of the Owner, Insurance or Grant Administrator, and Any Others (consultant, administrative support, etc.) that are associated with this request. **Be sure to indicate those who want to receive emails pertaining to the request you are submitting.**

**Section 5 –DEQ-approved Corrective Action Plan (CAP)**

Identify the CAP identification number, and the CAP date. If this information is unknown, please contact DEQ at 406-444-6443 for this information.

**Section 6 – Funding Mechanism**

Describe the type of funding source. For example, is the funding from an insurance reimbursement or a grant? Types of grants include, but are not limited to: Montana Department of Natural Resources & Conservation (DNRC) grants and Petroleum Brownfields grants. If insurance is the funding source, identify the policy number and the company affiliation.

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

## INSTRUCTIONS FOR FORM 11

### Section 7 – Allocation Request Total

This section will be auto populated from the total Amount to Co-pay, from Section 8 on Page 2 of the Request.

**Please Note:** This amount may be reduced to costs determined to be eligible, reasonable, actual and necessary.

### Section 8 – Allocation – This section must be completed for the corrective action plan (CAP)

Enter the Invoice date, Invoice #, Invoice Amount, and Amount Requested (amount to be allocated) for each invoice submitted with the request.

The Amount Requested column will total automatically and populate Section 7 (Allocation Request Total).

### Necessary Documentation required for Requests for Allocation (Form 11)

1. Consultant/contractor, subcontractor and/or vendor invoice(s) – not statements.
2. Backup for all invoices, such as subcontractor invoices, receipts for lodging, materials, vendors, and shipping.
3. Proof of payment for all contractor invoices, and subcontractor invoices (if charging a markup).
4. Explanation for hours claimed, either through time sheets or described on the invoice.

### Proof of Payment - Proof of payment is required for allocation.

One of the following examples of proof of payment is sufficient:

- a. Copy of canceled check (front *and* back);
- b. A signed statement on the consultant's, contractor's or subcontractor's letterhead indicating the amount that has been paid
- c. PTRCB Acknowledgment of Payment ([Form 6](#))

### Assent to Audit

An Assent to Audit ([Form 2](#)) is required for each consultant, contractor, or subcontractor who is employed to carry out a corrective action plan in whole or in part ([ARM §17.58.331](#)). A subcontractor is defined as a person who performs billable labor in association with a corrective action at the release site when that person is under contract with the contractor/consultant ([ARM §17.58.311\(29\)](#)). Subcontractor services do not include delivery or pickup services. The Board has defined a vendor as a person who provides materials necessary for corrective action at the release site or services away from the release site ([ARM §17.58.311\(31\)](#)). A vendor is not required to submit an Assent to Audit. The PTRCB staff can verify if an Assent to Audit needs to be submitted. Submit Assent to Audit forms to the PTRCB. Numerous consultants, contractors, and subcontractors have an Assent to Audit on file with the PTRCB.

### Section 9 — Certification

The owner or Grantee submitting the request must complete this section. The requestor must sign the form and have the signature subscribed and sworn by a Notary Public.

*All items must be complete. Double check figures and information provided. Remember to attach invoices, proper invoice documentation, proof of payment, Assent to Audit (if necessary), and sign, date and notarize the Form 11. If a request is submitted incomplete or deficient, the evaluation of the request may be suspended.*

Submit completed forms and supporting documents to the following address:

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