

MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD (PTRCB)
INSTRUCTIONS FOR FORM 3
CLAIM FOR REIMBURSEMENT - CORRECTIVE ACTION

Before applying for reimbursement from the Board, owners/operators should review [§75-11-307\(5\)](#) of the **Montana Code Annotated (MCA)** pertaining to monies paid or reimbursed by an insurer. 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 Board. [Please review Form 10 & 11 Instructions](#) if there are other sources of monies available for cleanup of the release you are submitting for.

An owner, operator or an authorized claimant may submit a Claim for Reimbursement - Corrective Action ([Form 3](#)) to apply for reimbursement of corrective action costs associated with the cleanup of a release. Claims submitted for work completed more than five years prior to submission are generally not eligible for reimbursement. See [§75-11-307\(2\)\(i\), MCA](#). Claims submitted prior to the receipt of an Application for Eligibility Determination ([Form 1](#)) will be suspended until the release eligibility has been ratified by the Board. Claims should be submitted upon completion of a task or tasks of an approved Department of Environmental Quality (DEQ) Corrective Action Plan (CAP) for a **single** petroleum release. **A separate claim form is required for each release.**

The following instructions correspond with Sections 1-13 in the Form 3. If you need assistance completing this form, or have questions regarding the review of the Form 3 contact Janet Adolph at (406) 444-9714 or by email at jaadolph@mt.gov.

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

The Board staff provides a Portable Document Format (PDF) of the Claim Form 3 with the staff review of the corrective action plan. The PDF version of the form is produced from the PTRCB database and automatically populates some of the fields, based upon the specific corrective action plan, and is a fillable/savable form.

The Forms page of the [PTRCB web site](#) also offers a PDF Form 3, which can be completed on line and saved to your computer. Either format of the form is acceptable.

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. This information should automatically populate to the header on page 2 and 3, for your convenience.

Sections 2-7 — Owner/Operator/Claimant/Contacts

Record the name, mailing address, telephone, fax number and email address of the Owner, Operator, Payable to:(recipient of PTRCB reimbursement), Claimant (person submitting the claim on behalf of the owner), Consultant and Any Others (administrative support, contractor, subcontractor, vendor, etc.) that are associated with this claim. **Be sure to indicate those who want to receive emails pertaining to the claim you are submitting.** Please include Claimant's and/or Payable to: mailing addresses.

Section 8 — Total Amount Claimed.

Enter the total dollar amount of all claimed costs in this section on the Form 3. (Please note: Section 8 should automatically populate from the Total Amount Claimed column on page 2 when only one CAP is included in the claim).

On **January 1, 2009**, the Board determined the minimum claim amount is \$500.00, with the following exceptions:

- a. When one set of invoices is used to document costs on multiple claims filed together, the aggregate total of these claims must equal or exceed \$500.00.
- b. When a claim includes only utility bills or laboratory invoices, the minimum is reduced to \$100.00.
- c. If the five-year statute of limitations will run out before a total of \$500.00 in cleanup costs will be realized, we will allow a claim for any amount.
- d. If it is the final submittal for a resolved release, we will allow a claim for any amount. The claim must be clearly marked “final.” No further claims can be submitted for this release unless the release is reopened by DEQ.

Section 9 – Detail of Costs – This section must be completed for *each* corrective action plan (CAP). The costs of each different corrective action plan must be on a separate page 2 of the Form 3.

Be sure to identify the CAP identification number, CAP date, and all CAP modification (Form 8) date(s). Task names are found on the [Codes, Rates & Tasks](#) web page. Be sure to include the approved budget for the task, amount claimed and corresponding invoice number(s) for each task in the table provided. An invoice may be split among tasks; however, both the dollar amount and invoice number(s) should be identified for each task.

The Amount Claimed column will total automatically and populate Section 8 (Total Amount Claimed) unless costs from multiple CAPs are being claimed on one form. If multiple CAPs are being claimed, you will have to manually total all second pages and enter that amount in Section 8.

Necessary Documentation required for “Claims for Reimbursement” (Form 3)

1. Consultant/contractor, subcontractor and/or vendor invoice(s) – not statements.
2. Backup for all invoices claimed, such as receipts for lodging, materials, vendors, and shipping.
3. Proof of payment for all subcontractor invoices for which you are charging a markup, see Section 10 below. Markup is not allowed on vendors, deliveries or materials (i.e. on-site work only).
4. Explanation for hours claimed, either through time sheets or described on the invoice.

Section 10 — Proof of Payment - Proof of payment is required for reimbursement.

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 stating the amount that has been paid;
- c. PTRCB Acknowledgment of Payment ([Form 6](#)); or
- d. Designation of Representative Form ([Form 5](#)). *

*According to [§75-11-307\(3\), MCA](#), an owner or operator may designate a person as an agent to receive the reimbursement, provided the owner or operator remains legally responsible for all costs and liabilities incurred as a result of the release. Reimbursement will be issued and mailed to the party identified as Payee in Section 4 on page 1 of the claim. **Please note the Designation of Representative Form does not qualify as proof of payment for the 7% subcontractor markup.**

Section 11 — Assent to Audit

An Assent to Audit ([Form 2](#)) is required for each consultant, contractor, or subcontractor who works at the release site ([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. Contact the Board staff to 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 Board.

Section 12 — Owner/Operator Certification

If the owner or operator is submitting the claim, this section must be completed. The owner or operator must sign the form and have the signature subscribed and sworn by a Notary Public. If the owner/operator authorizes another party to submit the claim, this section need not be completed.

Section 13 — Claimant Certification

If the claim is submitted by a party other than the owner or operator, this certification section must be completed to establish that the claimant is authorized to submit claims on behalf of the owner or operator. This section requires the signature of the claimant to be 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 3. If a claim is submitted incomplete or deficient, the reimbursement 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**