

If the mechanism selected by the owner/operator is the PTRCF Fund and business ownership is OTHER THAN sole proprietorship, then regulations require certification of tangible net worth equal to the required remaining amount of coverage (currently \$17,500). This certification must be on this form that is approved by the department.

Business Financial Statement
(For other than Sole Proprietorship)

As of _____, 20__

Name: _____ Business Phone: _____

Address: _____

City, State and Zip Code: _____

Business Name of Owner/Operator: _____

Facility Number _____

ASSESTS	LIABILITIES
Cash in Banks	Accounts Payable
Cash on Hand	Notes Payable
Accounts Receivable	Other liabilities, Accruals or Mortgages on Real Estate (Describe below)
Note Receivable	
Land	Other Mortgages, Liens, Security Interest or Encumbrances on Real Estate
Supplies	
Buildings and Real Estate	
TOTAL ASSESTS	TOTAL LIABILITES

TOTAL ASSESTS	
TOTAL LIABILITIES	
NET WORTH	

The undersigned certifies that all information is true and accurate and was taken from the books and records of the above named business as of the date below.

Signature of authorized official: _____

Date: _____