

**Montana Petroleum Tank Release Compensation Board**  
**Transfer of Petroleum Release Eligibility**  
**Form 1-T**

This form is to be utilized by a new owner or operator to advise the Petroleum Tank Release Compensation Board that the ownership of the listed property has changed and the new owner or operator has *assumed responsibility* for the petroleum release cleanup. This form should be utilized if this release has been deemed eligible by the Petroleum Tank Release Compensation Board. If this release has not been determined eligible by the Board, the owner or operator must complete and submit an Application for Petroleum Release Eligibility (Form 1-R). Submission of this form indicates that the new owner or operator of the petroleum storage tanks will be requesting reimbursement for corrective action and/or third party bodily injury or property damage costs. The owner will be advised when the Board staff has completed the review of the application. If you require assistance, call 406-444-9710.

**1. Contact Information** – Please record names of the tank owner and operator.

New Owner (Release/Tank)	New Operator (if tanks are present)
<i>Name:</i>	<i>Name:</i>
<i>Contact Name:</i>	<i>Contact Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City, State, Zip:</i>	<i>City, State, Zip:</i>
<i>Phone Number:</i>	<i>Phone Number:</i>
<i>Email Address:</i>	<i>Email Address:</i>

Property Owner (if different)	
<i>Name:</i>	<i>Contact:</i>
<i>Address:</i>	<i>Phone Number:</i>
<i>City, State, Zip:</i>	<i>Email Address:</i>

**2. Facility Information** – Please record facility and release information.

<i>Facility Name:</i>	<i>DEQ Facility ID Number:</i>
<i>Street Address:</i>	<i>County:</i>
<i>City, State, Zip:</i>	<i>DEQ Release Number:</i>

**3. Certification** - Have you, as the owner/operator of the tank that leaked, been convicted of a substantial violation of state or federal law or rule that relates to the installation, operation, or management of petroleum storage tanks?

Yes

No

I, the owner or operator of the above-described property, certify the information contained within this form is true and correct under penalty of law. (**Section 45-7-202, MCA False Swearing**). I fully understand that any fraudulent or erroneous information may jeopardize the eligibility for reimbursement from the Petroleum Tank Release Cleanup Fund for this release.

\_\_\_\_\_  
Property Owner, Tank Owner or Tank Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner, Tank Owner or Tank Operator Name (Typed or Printed)

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and Sworn before me on \_\_\_\_\_ by \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed or typed

Notary Public for the state of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Submit completed form to:**

**PETROLEUM TANK RELEASE COMPENSATION BOARD**

**PO BOX 200902**

**HELENA, MT 59620-0902**