

**Montana Petroleum Tank Release Compensation Board  
Assent to Audit (Form 2)**

\_\_\_ Check this box if the Assent applies to All Releases in which you may be involved, OR

\_\_\_ Check this box to limit your Assent to (only) Release Number(s) \_\_\_\_\_

Each contractor, subcontractor or vender employed to carry out any corrective action plan, in whole or in part, is required to complete an Assent to Audit form ([ARM 17.58.331](#)). Before any owner or operator may receive reimbursement from the Petroleum Tank Release Cleanup Fund (Fund), for work completed by the undersigned company, an Assent to Audit must be on file with the Petroleum Tank Release Compensation Board. **You may submit this form via Fax to 406-444-9711, or US mail to the address below.** If you have questions, please call 406-444-9710.

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I, the undersigned, state that I am an officer or agent of the company listed below, with authority to consent to an audit of all documents that relate to and support the statements or invoices which have been or may be submitted to the Fund for reimbursement. This company hereby consents to an audit, conducted by a representative of the state of Montana, of all documents, supporting statements, and invoices submitted for reimbursement from the Fund, for costs to carry out corrective action to address the release(s) to which this assent applies.

**(Type or Print please)**

**Company Info**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Signature Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Please list below any and all Claim ID numbers for which this Assent to Audit may be needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit completed form to:  
**Petroleum Tank Release Compensation Board  
PO Box 200902  
Helena MT 59620-0902**