

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD  
CLAIM FOR REIMBURSEMENT –CORRECTIVE ACTION  
FORM 3**

Claims should be submitted upon completion of a task or tasks of a Department approved corrective action plan for a **single** petroleum release. **A separate claim form is required for each release.** Please review the [Form 3 Instructions](#) before completing this form. If you require assistance, contact Board Staff at 406-444-9710.

**If costs for PTRCB-eligible release investigation and cleanup activities, for which you are seeking reimbursement, have been paid by another funding source and you would like to allocate them towards the required PTRCB copay for this release, please review our [Form 11](#) and its [instructions](#), found on our website, **BEFORE** completing and submitting this claim Form 3.**

1. Facility and Petroleum Release Information	
Name of Facility:	
Street Address:	
City:	
DEQ Facility Identification Number:	
DEQ Petroleum Release Number: ( <b>only one release #</b> )	

2. Owner – Name and Address		3. Operator – Name and Address		4. Payable to: – Name and Address (Required)	
Attn:		Attn:		Attn:	
Phone Number:		Phone Number:		Phone Number:	
Fax Number:		Fax Number:		Fax Number:	
Email Address:		Email Address:		Email Address:	
Do you want to receive Email about this claim?	Yes No	Do you want to receive Email about this claim?	Yes No	Do you want to receive Email about this claim?	Yes No

5. Claimant – Name and Address		6. Consultant – Name and Address		7. Any other person – Name and Address	
Attn:		Attn:		Attn:	
Phone Number:		Phone Number:		Phone Number:	
Fax Number:		Fax Number:		Fax Number:	
Email Address:		Email Address:		Email Address:	
Do you want to receive Email about this claim?	Yes No	Do you want to receive Email about this claim?	Yes No	Do you want to receive Email about this claim?	Yes No

<b>8. Total amount of this claim (including all page 2's):</b>	
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**Facility Name:**

**Facility #:**

**Release #:**

**9. Detail of Costs: This section must be completed for each corrective action plan (CAP).**

Please review [Form 3 Instructions](#) for detailed information.

The work claimed must be in accordance with an approved DEQ CAP. **The costs of each different corrective action plan must be on a separate page 2. Multiple tasks may be submitted on a single claim.** Submit itemized invoices and other support documentation with this claim. **(Additional copies of this page may be included in each claim.)**

**Corrective Action Plan (CAP):** CAP ID #: \_\_\_\_\_ CAP Date: \_\_\_\_\_

**CAP Modification (Form 8) Date(s)** \_\_\_\_\_

View the [Task Names](#) on our web site. Enter the PTRCB task number, task name, budget, amount claimed and corresponding invoice number(s) for each task in the table below. The PTRCB task number is assigned by the Board staff in the CAP Review Letter.

**COMPLETED TASKS SUBMITTED FOR REIMBURSEMENT**

Task #	Task Name	Budget	Amount Claimed	Invoice Numbers
<b>Total</b>				

**10. Acknowledgement of Payment (Form 6).** Refer to Section 10 of the Form 3 Instructions for PTRCB Requirements. Reimbursement will be issued and mailed to the party identified as Payee in Section 4 on page 1.

**11. An Assent to Audit (Form 2)** is required for each consultant, contractor, or subcontractor who has worked at the release site with billable labor charges.

**12. Owner Certification:** I certify under penalty of perjury that this submitted claim is for work that was actually completed; that the work performed was necessary to clean up the petroleum release at the facility identified in **Section 1**; that the cost of work for which reimbursement is sought is reasonable; and that to the best of my knowledge, all information herein provided is true and correct. **NOTE: If someone is submitting the claim on behalf of the owner/operator, skip Section 12 and complete Section 13. See the [Form 3 instructions](#).**

\_\_\_\_\_  
Owner/Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Owner/Operator

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

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

Signed and Sworn before me on this day \_\_\_\_\_ by \_\_\_\_\_  
Date Person who signed above

(SEAL)

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

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

\_\_\_\_\_  
Notary Public for the State of

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

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

**13. Claimant Certification:** I certify under penalty of perjury that I am authorized to submit claims on behalf of the owner or operator for this release and the information on this claim form is true to the best of my knowledge. This claim is submitted for work that was actually completed.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Claimant

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

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

Signed and Sworn before me on this day \_\_\_\_\_ by \_\_\_\_\_  
Date Person who signed above

(SEAL)

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

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

\_\_\_\_\_  
Notary Public for the State of

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

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

Submit this completed claim and supporting documents to the following address:  
**PETROLEUM TANK RELEASE COMPENSATION BOARD**  
**PO BOX 200902, HELENA MT 59620-0902**