MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD CLAIM FOR REIMBURSEMENT -PREVENTION AND COMPLIANCE **FORM 13**

Claims should be submitted per timing outlined in ARM 17.58.336(9). Please review the Form 13 Instructions before completing this form. If you require assistance, contact Board staff at 406-444-9710 or e-mail gpirre@mt.gov.

The total reimbursable amount that is allowed for this Prevention and Compliance Reimbursement is capped at \$2,000. If your claimed amount is over that, it will be adjusted. Please complete the form, obtain a notarial act for your signature, and include all the backup invoices needed to substantiate the claimed amounts outlined on Page 1 and totaled in Box 5 on Page 1. This form should be filled out to pay the entity that incurred the costs being submitted for reimbursement and their relationship to the owner of this facility.

1. Facility Information

Name of Facility: Street Address:

City:

	DEQ Facility Identific		
2. Owner/Operator- Name and Address		3. Claimant – Name and Address	4. Payee – Name and Address Should be entity that incurred the costs
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?		Do you want to receive Email about this claim?	Do you want to receive Email about this claim?

5. Detail of Costs: This section, listed below, must be completed to tie the claimed amount to the invoices substantiating that amount. The allowed activities that can be submitted for reimbursement are listed in the table below. Please annotate your invoices with the amount claimed from each eligible activity as listed below.

Eligible Preventive/Compliance Activities	Amount Claimed	Invoice Numbers and amount of costs claimed from each I.E. #53678 - \$500, #77890 - \$800		
Preventative Compliance Inspection – such as tri-annual				
inspections, walk-through inspections, hydrostatic testing, and				
other preventive inspections				
UST tank removal investigations for aging tanks that have been				
in compliance and are nearing 30 years old				
Replacement of single wall fiberglass reinforced plastic tanks				
that are 20 years or older				
Replacement of single wall steel tanks for underground tank				
systems that are 20 years old or older				
Piping replacements for single walled product piping				
Upgraded automatic tank gauges				
Removal of inactive tanks				
CLAIM TOTAL				

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6.	. Acknowledgement of Payment (Form 6) is required for each invoice. Reimbursement will be issued and mailed to the party identified as Payee in Section 4 on page 1, the payee should be providing the proof of those costs that were incurred through the Form 6, a cancelled check image, or a memo on company letterhead from the entity receiving payment verifying they have been paid.				
7.	An Assent to Audit (Form 2) is required for each consultant, contractor, or subcontractor who has worked at the actively dispensing facility site with billable labor charges.				
8.		rator of the facility associated with this claim, been convicted of a nat relates to the installation operation, or management of petroleum es No			
	certify that the payee listed on this claim in Box 3 of P ayment signifying the costs being claimed were actual				
	Vith my signature, I, the owner or operator of this facility orm is true, correct and all documentation is complete.				
Ow	vner/Operator Signature	Date			
Ty	ped Name of Owner/Operator				
Sta	ate of				
Co	ounty of				
Sig	gned and Sworn before me on this day	by Person who signed above			
	(SEAL)	Notary Public Signature			
		Printed or typed			
		Notary Public for the State of			

Facility #:

Please return form with required invoices and original wet signatures from notarial act to the address listed below.

Residing at

My Commission Expires

Petroleum Tank Release Compensation Board PO Box 200902 Helena, MT 59620-0902

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Facility Name: