

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 indicate their relationship to the owner of this facility.**

1. Facility Information	
Name of Facility:	
Street Address:	
City:	
DEQ Facility Identification Number - TID	

2. Owner/Operator– Name and Address	3. Other Interested Party - Name and Email	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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you want to receive Email about this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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–must meet criteria in law, see instructions.		
CLAIM TOTAL		

Facility Name:

Facility #:

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 canceled check image, or a memo on company letterhead from the entity receiving payment verifying they have been paid.

7. **Owner Certification:** Have you, as the owner/operator of the facility associated with this claim, 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? (75-11-308(2)(e), MCA)

Yes No

I certify that the payee listed on this claim in Box 3 of Page 1 is associated correctly with the proof of payment signifying the costs being claimed were actually incurred.

With my signature, I, the owner or operator of this facility, certify the information contained within this form is true, correct and all documentation is complete.

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 _____

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

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