

MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD (PTRCB)

INSTRUCTIONS

for

Claim for Reimbursement – Prevention and Compliance Form 13

If you need assistance completing the Form 13, contact Board staff at (406) 444-9710 or by email at Taylor.Pirre@mt.gov or 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.**

The following instructions correspond with Sections 1-7 in the Form 13.

Section 1 — Facility Information

Fill in the name of the facility, the street address, and city of the facility. Do not use the facility mailing address. Fill in the DEQ facility identification number. The facility name and DEQ facility identification number will automatically populate to the header on page 2, for your convenience.

Sections 2-4 — Owner/Operator/Other/Payee

Section 2. Owner/Operator of the facility listed in Section 1. Record the name, mailing address, telephone, fax number (if applicable), and email address of the Owner/Operator of the facility.

Section 3. Other Interested Party, this can be anyone who would like to receive information about the claim that is not already listed in Section 2 or Section 4. Fill in the name, mailing address with zip code only if there is no email for this interested party. If there is an email, make sure the correct email address is listed and indicate that this party wants the email by clicking the "Email Yes" box in this section.

Section 4. Payee – this is the entity that incurred the eligible costs being claimed on this Form 13 and who will receive reimbursement. This should be the owner or a subsidiary of the parent company that incurred the costs for prevention and compliance.

Section 5 – Detail of Costs and Total Claimed Amount

If you are not claiming all costs on an invoice, please make notes on the invoice what you ARE claiming, and clearly label costs that are NOT being claimed. Enter the amount being claimed in this section accordingly. For each eligible activity category listed in Section 5, indicate the total Amount Claimed in the second column. The numbers in this column will automatically sum at the bottom to provide the Claim Total. In the third column you must indicate what invoices are being submitted to verify the costs and how much of each of the invoices is being claimed in the amount entered in the “Amount Claimed” column.

The list of eligible activities is taken directly from [Senate Bill 315](#) enacted in 2025 and made effective January 1, 2026. The full text of the rules passed by the PTRCB, in accordance with this new legislation, was promulgated in 2025 with an effective date of January 1, 2026 ([PTRCB Rules-Prevention Claims](#) – reference Section 9 (a) – (f)).

Copies of the invoices listed in “Invoice Numbers and Amount of Costs Claimed from Each”, third column, must be included with the completed Form 13 as backup and justification for what is listed in Section 5.

Section 6 - Proof of payment is required for all invoices and amounts claimed in Section 5. Because this is a reimbursement program, the costs must have been incurred.

One of the following examples of proof of payment is sufficient:

- a. Copy of canceled check (front *and* back);
- b. A signed statement, by the consultant or contractor, on the consultant's, contractor's or subcontractor's letterhead stating the amount that has been paid;
- c. PTRCB Acknowledgment of Payment ([Form 6](#))

Section 7 — Owner Certification

The owner of the facility will need to indicate that they have not had any substantial violations of state or federal law by checking either the yes or no box. They will then sign this form and have that signature witnessed by a notary. The notarial act on this form is a Jurat, which indicates that the person signing the form is providing a complete and accurate submission as well as providing documentation to the notary of their identity.

All items must be complete. Double check figures and information provided. Remember to attach invoices, proper invoice documentation, proof of payment, and sign, date and notarize the Form 13. If a claim is submitted incomplete or deficient, the form may be returned to you for correction and resubmission, or it may adjusted or suspended in the review process to address deficiencies.

Submit completed forms and supporting documents to the following address:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
PO BOX 200902
HELENA MT 59620-0902**