



DETERMINATION OF ELIGIBILITY AND FINANCIAL RESPONSIBILITY SUBMITTAL FORM

Authority: Section 21510(1)(f) of Part 215, Underground Storage Tank Corrective Action Funding of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

FACILITY INFORMATION

Facility ID Number:	Facility Name:	Check here for Multiple Facilities or write the facility name below			
Street Address:		City:		County:	
Registered Owner Name with LARA:			Number of facilities Affiliated with Submittal:		
Contact Person: Required Field		Contact Phone Number: Required Field		Contact Email Address:	
Alternate Contact Person:		Contact Phone Number:		Contact Email Address:	

DETERMINATION OF ELIGIBILITY SECTION

PLEASE NOTE: If renewing, you may skip the Determination of Eligibility section and go straight to the Financial Responsibility section

Check one of the following answers below:

<input type="checkbox"/> New Facility	<input type="checkbox"/> Revoked and Resubmitting	<input type="checkbox"/> Amending Facility Information
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If Amending Information with regards to the facility (such as Facility Name, Owner Name, or tank info.) please list the amended items here:

TANKS COVERED BY THIS REQUEST: (to add additional tanks, list on a separate sheet and submit with this form):

Tank ID	Capacity (in Gallons)	Substance Stored	Tank ID	Capacity (in Gallons)	Substance Stored

FINANCIAL RESPONSIBILITY SECTION

APPROPRIATE DEDUCTIBLE AMOUNT:

- \$2,000 (for owners/operators and their affiliates who own/operate 7 or less refined petroleum USTs)
 \$10,000 (for owners/operators and their affiliates who own/operate 8 or more refined petroleum USTs)

FINANCIAL RESPONSIBILITY MECHANISM BEING USED

A copy of the mechanism being used **MUST** be submitted with this form! Unless the previously submitted version automatically renews.

CHOOSE ONE OF THE FOLLOWING:

- State Financial Test (per section 21510d(d)(i) of part 215) Federal Financial Test (per CFR §280.95)
 Certificate of Deposit Letter of Credit Surety Bond Commercial Insurance Guarantee
 Trust Fund Local Unit of Government Test Automatic renewal Mechanism (Letter of Credit or Surety Bond)

CERTIFICATION OF OWNER OR AUTHORIZED AGENT

I certify that the information provided above is true and accurate and that the facilities are affiliated

SIGNATURE:

DATE:

PRINTED/TYPED NAME:

TITLE:

SUBMIT THE COMPLETED AND SIGNED FORM ALONG WITH THE APPROPRIATE DOCUMENTATION TO:

EMAIL: EGLE-MUSTA@michigan.gov ♦ **FAX:** 517-241-7428

REGULAR MAIL: EGLE-Finance Division/MUSTA, P.O. Box 30473, Lansing, Michigan 48909 ***Allow 30-day turn-around for regular mailings***

OVERNIGHT MAIL: EGLE-Finance Division/MUSTA, 525 West Allegan Street, Lansing, Michigan 48909