



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Petroleum Storage Tank Fund
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Affidavit: Equipment or Materials purchased by Applicant

(Revised 4/22/2015)

Site Information

Site Name:							
Site Address:		City:		State:		ZIP:	

Work Information

Event #:				Start Date (earliest date of work):			End Date (last date of work):		
Phase of Work Code (PWC)	Activity Code (AC)	Task or Labor Code (TLC)	Task Description (Equipment) ¹	Units	Quantity	Unit Rate Requested Reimbursement	Subtotal Requested Reimbursement	Total Requested Reimbursement ²	

¹Equipment should conform to the list in Article 4, Part 5 of Colorado's Reasonable Cost Guidelines.

²The requested reimbursement amount should be the lower of the maximum rate or 135% of the employee's actual wage, as established in Article 4, Part 5 of Colorado's Reasonable Cost Guidelines.

Grand Total:

Consultant/Contractor Certification

I, being first duly sworn upon oath and being of lawful age, state that I routinely supervise petroleum remediation projects in my normal course of business, that the equipment listed above was a necessary component of remediation at this site and that this equipment was used under my supervision.

Consultant/Contractor Name:		Title:	
Consultant/Contractor Signature:		Date:	
Company Name:			

Notary Public Certification	Subscribed and sworn to before me in the county of _____, State of _____,
	this _____ day of _____, _____.
	Notary Public Printed Name: _____
	Signature: _____
	My Commission Expires: _____

Applicant Certification

I, being first duly sworn upon oath and being of lawful age, state that the foregoing information is correct to the best of my personal knowledge, information and belief. The expenses described were bought and paid for by me or my company. I understand that there are severe civil and criminal penalties for making any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Employee Name:		Title:		Phone#:	
Employee Signature:				Date:	
Company Name:					

Notary Public Certification	Subscribed and sworn to before me in the county of _____, State of _____, this _____ day of _____, _____.
	Notary Public Printed Name: _____
	Signature: _____
	My Commission Expires: _____