



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Petroleum Storage Tank Fund
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8525
 Fax: 303-318-8488
 Email: cdle_fund@state.co.us
 Web: www.colorado.gov/ops

Affidavit: Tank Owner/Operator (Operative Tanks)

(Revised 1/7/2015)

A Fund applicant who is seeking to establish reimbursement eligibility as a tank owner who bears no responsibility for the release when contamination originated from operative tanks is required to complete this affidavit and sign it before a notary public. More information about this requirement is available in Sections 8-20.5-206 (3) (c) and 8-20.5-303 (3) (c) of the [Colorado Revised Statutes](#).

RAP #: _____

Applicant Certification

I, _____, being first duly sworn, depose and state the following:
 (Applicant Name)

- I acquired the property at _____ on _____ from _____
 (Address) (Date) (Seller)
- I have operated the petroleum storage tanks on the subject property in compliance with Sections 8-20.5-202 and 8-20.5-302 of the [Colorado Revised Statutes](#), and I am prepared to document that compliance.
- When I acquired this property, I had no reason to know, by personal knowledge or observation, representations by the seller or any other person, environmental assessments, reports or any other means, that there had ever been a release of petroleum product on this site.
 - "Release" means any spilling, leaking, emitting, discharging, escaping, leaching or disposing of a regulated substance from a petroleum storage tank system into groundwater, surface water, surface soils or subsurface soils.
- I discovered petroleum contamination on this property on _____
 (Date)
- There is no relationship, financial or otherwise, between the Fund applicant and the seller of the subject property, including relationships between and among shareholders, officers, directors or other principals, owners, operators or management personnel.
- I understand that there are severe criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false or knowingly failing to disclose a material fact with the intent to defraud.

| | | | |
|---------------------------|-------|--------|-------|
| Fund Applicant Name: | _____ | Title: | _____ |
| Fund Applicant Signature: | _____ | Date: | _____ |

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: _____