



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Petroleum Storage Tank Fund
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Affidavit: Waiver of \$10,000 Deductible

(Revised 1/7/2015)

A Fund applicant who wishes to waive the \$10,000 deductible is required to complete this affidavit, sign it before a notary public and submit it with all requested attachments. More information about this option is available in Section 8-20.5-206 (1) (b) (II) of the [Colorado Revised Statutes](#).

RAP #: _____

Applicant Certification

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

- I have been the owner/operator of the petroleum storage tanks at _____
(Address)
 that are the subject of the referenced reimbursement application since _____ .
(Date)
- I discovered contamination on _____ while in the process of upgrading underground storage tanks at
(Date)
 this site to meet the December 22, 1998, upgrade requirement, specifically while doing the following (check all that apply):
 - Installing corrosion protection
 - Installing spill and overfill prevention
 - Installing monthly monitoring
 - Removing the USTs in preparation for installing new (check one): USTs ASTs
- The complete upgrade of all USTs at this site was completed prior to December 22, 1997, specifically on _____ .
(Date)
 - Attach the Installation Inspection sheet to verify this upgrade.
- The annual throughput of petroleum products at this site did not exceed 600,000 gallons during the 12 months immediately preceding the discovery of contamination.
 - Attach sales records for these 12 months to verify the throughput.
- 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: _____