

SOUTH DAKOTA
PETROLEUM RELEASE COMPENSATION FUND
APPLICATION FORM

Complete this form and return it to the Fund's investigator for review and processing along with any other forms that have been requested. ALL SECTIONS PROVIDED IN THIS FORM MUST BE COMPLETED. For assistance, you may wish to contact the Petroleum Release Compensation Fund. ALL FORMS FILLED OUT AND SUBMITTED INCORRECTLY WILL BE RETURNED. If a particular section is not applicable, record "N/A" in the blank provided.

APPLICANT: _____ **PRCF No.:** _____ **DENR No.:** _____

[Please Print or Type]

1. Name and Address of Applicant _____

2. Street or Highway Description of Contaminated Site _____

3. Legal Description of Contaminated Site _____

4. Applicant's Motor Fuel Dealer or Special Fuel Distributor Tax No. _____

5. What was the substance(s) that was released? (check) Gasoline Diesel
 Jet Fuel Heating Oil Other _____

6. What type of container held the petroleum before the spill? (check one)
 Vehicle Trailer Underground Storage Tank Above-Ground Storage Tank
 Other _____

7. Date Spill Was Discovered? _____

8. Date Spill Was Reported to Dept. of Environment & Nat'l Resources? _____

9. Contact Person for Applicant (name, address, and telephone number) _____

10. Narrative Description of the Spill (use add'l paper if necessary) _____

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and beliefs. Furthermore, I hereby certify that any expenses submitted in this claim are for cleanup expenses incurred in accordance with SDCL 34A-13.

Signature

Date