

**SOUTH DAKOTA
PETROLEUM RELEASE COMPENSATION FUND**

**523 E. Capitol Avenue Pierre, South Dakota 57501
(605) 773-3769 / Fax (605) 773-6048
sd.gov/prcf**

APPLICATION FORM

ALL SECTIONS PROVIDED IN THIS FORM MUST BE COMPLETED. For assistance, you may wish to contact the Petroleum Release Compensation Fund.

Name of Release Site: _____ **PRCF No.:** _____ **DENR No.:** _____

[Please Print or Type]

1. Applicant (name, address, city, state) _____

2. Release Site Address _____

3. Legal Description of Contaminated Site _____

4. Fuel Suppliers Motor Fuel License No.: _____

5. What substance(s) were released? (check) Gasoline Diesel Jet Fuel Heating Oil Gasohol
 Other _____

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

7. Date Spill Was Discovered? _____

8. Date Spill Was Reported to Dept. of Environment and Natural Resources? _____

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

10. Narrative Description of the Spill (use additional 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)

(Printed/Typed Name)