

**MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD  
CLAIM FOR REIMBURSEMENT –CORRECTIVE ACTION  
FORM 3**

Claims should be submitted upon completion of a task or tasks of a Department of Environmental Quality corrective action plan for a single petroleum release. **A separate claim form is required for each release.** Please review the [instructions](#) on our Forms web site before completing this form. If you require assistance, contact Janet Adolph at 406-841-5094 or e-mail [jaadolph@mt.gov](mailto:jaadolph@mt.gov).

1. Owner – Name and Address	2. Operator – Name and Address
Attn: Phone Number: Fax Number: Email Address:	Attn: Phone Number Fax Number: Email Address:

3. Claimant – Name and Address	4. Other Person – Name and Address
Attn: Phone Number: Fax Number: Email Address:	Attn: Phone Number: Fax Number: Email Address:

5. Facility and Petroleum Release Information
Name of Facility: Street Address: City: DEQ Facility Identification Number: DEQ Petroleum Release Number:

<b>6. Total amount of this claim (including all page 2's):</b>	*
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*\*This field is calculated from the total on page 2*

**7. Detail of Costs (Additional copies of this page may be included in each claim.)**

Complete this section for the costs you wish to have reimbursed. The work claimed must be in accordance with a DEQ-approved Corrective Action Work Plan. **The costs of each different corrective action plan must be on a separate page 2. Multiple tasks may be submitted on a single claim.** Submit itemized invoices and other support documentation with this claim.

A. Name of Consultant/Contractor/Vendor:

Mailing Address:

Contact Person:

Phone:

B. Corrective Action Plan Title and date (Include dates of budget modification document if applicable and only one corrective action plan per page).

**COMPLETED TASKS SUBMITTED FOR REIMBURSEMENT**

Task Number	Task Name *	Budget	Amount Claimed	Invoice Numbers
<b>Total</b>				

- The task name should correspond to the names utilized by the Environmental consultant that prepared the corrective action plan identified in Section 7B above. The preferred task names can be found at <http://www.deq.mt.gov/pet/forms.mcp>

**8. Acknowledgement/Proof of Payment** is required for each invoice. **Refer to Section 8 of the instructions for acceptable proofs of payment.** The reimbursement will be issued to the owner or operator unless a Designation of Representative (Form 5) has been filed with the Board.

**9. An Assent to Audit** is required for each consultant, contractor, or subcontractor who has worked at the release site with billable labor charges.

**10. Owner Certification:** I certify under penalty of perjury that this claim submitted is for work that was actually completed; that the work performed was necessary to cleanup the petroleum release at the facility identified in **Section 5**; that the cost of work for which reimbursement is sought is reasonable; and that to the best of my knowledge, all information herein provided is true and correct. **NOTE: If anyone other than the owner or operator signs this form, section 11 must be completed.**

\_\_\_\_\_  
Owner/Operator Signature

Date:

Typed Name of Owner/Operator

State of _____	
County of _____	
Signed and Sworn before me on this day _____ by _____	
(SEAL)	_____ Notary Public
	_____ Printed or typed
	_____ Notary Public for the State of
	_____ Residing at
	_____ My Commission Expires

**11. Claimant Certification:** I certify under penalty of perjury that I am authorized to submit claims on behalf of the owner or operator for this release and the information on this claim form is true to the best of my knowledge. This claim is submitted for work that was actually completed.

\_\_\_\_\_  
Claimant Signature:

Date:

\_\_\_\_\_  
Typed Name of Claimant

State of _____	
County of _____	
Signed and Sworn before me on this day _____ by _____	
(SEAL)	_____ Notary Public
	_____ Printed or typed
	_____ Notary Public for the State of
	_____ Residing at
	_____ My Commission Expires

Submit this completed claim and supporting documents to the following address:

**PETROLEUM TANK RELEASE COMPENSATION BOARD  
PO BOX 200902, HELENA MT 59620-0902**