

# STATE OF FLORIDA STORAGE TANK CERTIFICATION OF FINANCIAL RESPONSIBILITY

Reference: 40 CFR 280.111(b)

The Owner or Operator, \_\_\_\_\_,  
is the legal entity demonstrating financial responsibility and is one or more of the following: facility owner,  
tank owner, facility operator or tank operator [pursuant to Rules 62-761.420(2) and 62-762.421(2), F.A.C.,  
and 376.309, F.S.].

### The following mechanism(s) is (are) used to demonstrate financial responsibility:

Primary Mechanism: \_\_\_\_\_  
[Enter type of funding mechanism, guarantee, or financial test w/out guarantee]

Instrument No.: \_\_\_\_\_ [If applicable]

Name of Provider (issuing institution): \_\_\_\_\_  
[Enter "self" (if financial test or fund without a guarantee is used); guarantor's name if a guarantee is used]

Period of Coverage: \_\_\_\_\_ to \_\_\_\_\_

Complete the following only as applicable [Required when Bond, Letter of Credit and most Guarantees are used]:

Standby Trust Fund (SBTF) Trustee: _____ [Required when Bond, Letter of Credit and some Guarantees (Parts B, K and L) are used]
SBTF Agreement entered into date: _____ Account number: _____
Financial Test or Fund used [required for some Guarantees (Parts B, L and N)]: Form Part _____ completed [Insert A, I, J or O]

### The financial assurance mechanism(s) demonstrate(s) financial responsibility for

\_\_\_\_\_ [Insert "taking corrective action" and/or "compensating third parties for bodily injury and property damage caused by"]

\_\_\_\_\_ for UST and/or AST in the amount of:

[Insert "accidental discharges" or "sudden accidental discharges" or "nonsudden  
accidental discharges" or leave blank if only corrective action is covered]

Per Occurrence: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

The person whose signature appears below hereby certifies that the facility(ies) listed on the financial  
assurance mechanism(s) is (are) in compliance with the financial responsibility requirements of Chapter  
62-761 and/or 62-762, F.A.C., which adopt 40 CFR Part 280 Subpart H by reference.

\_\_\_\_\_  
[Signature of Authorized Representative of owner or operator]

\_\_\_\_\_  
[Signature of Witness or Notary]

\_\_\_\_\_  
[Type Name and Title]

\_\_\_\_\_  
[Type Name of Witness or include Notary Seal]

\_\_\_\_\_  
[Phone Number]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Email Address]

This certification must be updated whenever the financial assurance mechanism(s) used to demonstrate financial responsibility change(s).