

STATE OF FLORIDA CERTIFICATION OF FINANCIAL RESPONSIBILITY

Reference: 40 CFR 280.111(b)

Owner or Operator: _____

The person whose signature appears below hereby certifies that the following facility(ies) is (are) in compliance with the requirements of subpart H of 40 CFR part 280 as adopted by Chapter 62-761 and/or 62-762, F.A.C. [Indicate "See Attachment" if more than one facility is covered.]

Facility Name: _____ FDEP FacID: _____

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

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

Name of Issuer: _____
[Firm, Guarantor, Issuer, Issuing Institution, Surety(ies), Trustee or Owner or Operator (when using Part J)]

Instrument No.: _____ Period of Coverage: _____ to _____
[If applicable] [Dates of coverage]

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

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

The 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 "sudden accidental releases" or "nonsudden accidental releases" or "accidental releases"]

Per Occurrence: \$ _____

Annual Aggregate: \$ _____

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

Date

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