



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

## FLORIDA PETROLEUM LIABILITY RESTORATION INSURANCE PROGRAM CLAIM Pursuant to Section 376.3072, Florida Statutes

DEP Facility ID Number: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Storage Tank Owner/Operator Name: \_\_\_\_\_

Storage Tank Owner/Operator Address: \_\_\_\_\_

Real Property Owner Name: \_\_\_\_\_

Real Property Owner Address: \_\_\_\_\_

Storage Tank Owner/Operator  
or Property Owner Telephone No.: Business: \_\_\_\_\_  
(both if different) Home: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Financial Responsibility Type: \_\_\_\_\_  
(see instructions attached)

**It is my understanding that the appropriate action has been taken to meet the Petroleum Insurance/Financial Responsibility requirements pursuant to Section 376.3072, Florida Statutes (F.S.). Therefore, I elect to remediate the subject discharge in the following manner (check one):**

- will proceed with cleanup according to Section 376.3071, F.S.
- will clean-up the site pursuant to Chapter 62-780, Florida Administrative Code, and will **not** seek state funding assistance for the cleanup.

Please circle one:

- Was the discharge reported to DEP District Office or DEP contracted local program within 1 working day of discovery?  
Attach a copy of Discharge Reporting Form.      **Yes    No**
- Were the petroleum storage system(s) within 3 days after discovery of the discharge tested or emptied and such activities completed within 7 days?      **Yes    No**
- After testing or emptying the petroleum storage system(s) did the owner/operator abate the known source of the discharge within 24 hours or begin free product removal of the discharge and complete abatement within 72 hours?      **Yes    No    N/A**

I UNDERSTAND THAT I MAY NOT RECEIVE ANY REMUNERATION (i.e., anything of value), IN CASH OR IN KIND, DIRECTLY OR INDIRECTLY, FROM A PETROLEUM SITE REHABILITATION CONTRACTOR (AGENCY TERM CONTRACTOR (ATC)) PERFORMING SITE CLEANUP ACTIVITIES IN THE PETROLEUM RESTORATION PROGRAM. This prohibition does not allow accepting free assistance from an ATC to gain entrance into an eligibility program. If an ATC assisted you with this application, please provide a copy of the cancelled check or other proof of payment to that contractor for the services provided.

To the best of my knowledge and belief all information submitted on this form is true, accurate and complete.

\_\_\_\_\_  
Print name & title of owner or authorized person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date