FACILITY/TANK SCHEDULE

[Enter "Attachment:" or "Amended"]

Α_	[Enter instrument type, e.g., "Certificate of Insurance", "Financial Test (Self Insurance)", etc.]	demonstrates financial responsibility		
for	the following facility(ies). This schedule is dated (was prepared on) _	"Certificate of Insurance", "Financial Test (Self Insurance)", etc.] es). This schedule is dated (was prepared on)		
[Att	ach schedule to original instrument or to an amendment acceptable to the issuing institution. Se	e Instruction #6 on page i for details.]		

FDEP FacID (for sites in Florida)	Facility Name (for all sites covered)	Site Address (for all sites covered)	Number of Tanks or Tank I.D. Numbers