**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACILITY/TANK SCHEDULE**

[ Enter “Attachment:” or “Amended”]

A demonstrates financial responsibility

[Enter instrument type, e.g., “Certificate of Insurance”, “Financial Test (Self Insurance)”, etc.]

for the following facility(ies). This schedule is dated .

[Attach schedule to original instrument or to an amendment acceptable to the issuing institution. See 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** |
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Signature of Authorized Representative of Financial Institution Date

Printed Name Email

Telephone