SAVE PRINT CLEAR

_____ 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**

_____ Signature of Authorized Representative of Financial Institution

_____ Date

_____ Printed Name

_____ Email

_____ Telephone

(This is an example of an attached or amended Facility/Tank Schedule.)