

O.A.C. 3737-1-04.1 AFFIDAVIT

**Affidavit For USTs For Which A Valid Certificate Of Coverage
Has Not Been Issued For The Prior Two Or More Consecutive Years**

STATE OF _____

COUNTY OF _____:SS

I, _____ (Name), having been duly cautioned and sworn, state the following information to be true to the best of my knowledge.

1. I, _____ (Name), am the owner and/or operator or an employee of the owner and/or operator of underground storage tank(s) for which an Ohio Financial Assurance Fund valid Certificate of Coverage has not been issued for the prior two or more consecutive years, and I am now applying for a Certificate of Coverage from the Ohio Financial Assurance Fund for the subject tanks.

2. The tank(s) described in paragraph one are located at _____
_____ (address), _____ (city and state).

3. No release has been suspected or confirmed from the underground storage tank system for which coverage is being sought, or any known release is in compliance with the requirements of rule 1301:7-9-13 of the Administrative Code.

SIGNATURE OF AFFIANT

NAME OF AFFIANT (please print)

EMPLOYMENT TITLE

BUSINESS ADDRESS

BUSINESS PHONE

Subscribed and sworn to before me on this _____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires