

CERTIFICATION AFFIDAVIT

I certify that my responses on this Claim Reimbursement Application submitted herein are correct, and that this is the final claim reimbursement application that will be submitted for completed program tasks. Amendments to this application for payment for fully completed program task(s) as defined by O.A.C. 3737-1-12, including costs inadvertently omitted, will not be accepted by the Board after payment resulting from this application is issued. I also certify that all data and documentation submitted as part of this reimbursement application are a true and correct representation of costs actually incurred as an integral part of site remediation from petroleum or petroleum product contamination from an underground storage tank. I also certify that all outstanding financial obligations integral to this site's remediation program task(s) have been paid, except to the extent of work completed after the date of this submission or for incomplete program task(s) whose costs have not yet been submitted.

I, the tank owner or operator or a representative of either or both, warrant that I have not received any fee, commission, percentage, gift, or other consideration as a result of employment of a person, company, corporation, individual, or firm responsible for conducting site remediation or any function thereof and further that I know of no offer or acceptance of any fee, commission, percentage, gifts, or other consideration as a result of employment of a person, company, corporation, individual, or firm responsible for conducting site remediation or any function thereof.

Further, as required by Ohio Revised Code Section 3737.882(B) relating to demonstration of financial responsibility, I, the owner or operator of the UST(s) at the claim site certify that financial responsibility requirements have been met guaranteeing the payment of the applicable deductible amount, and that parties guaranteeing such payment are secondarily liable for all corrective action and third-party liability costs incurred within the scope of the deductible amount.

_____/s/_____
Claim Number Tank owner, operator, or a representative of either or both who possessed substantial managerial authority to authorize work done or payments made for site remediation or any function thereof

Print or type name of person above

Address

_____(_____)_____
City, State, ZIP Phone Number

THIS STATEMENT MUST BE NOTARIZED

STATE OF OHIO

_____ COUNTY, ss:

Before me personally appeared _____, who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESSED my hand and official seal, this _____ day of _____, A.D., _____.

/s/_____ My commission expires _____.
Notary Public