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

Effective 01/01/2019