STATE OF FLORIDA
CERTIFICATION OF FINANCIAL RESPONSIBILITY
Reference: 40 CFR 280.111(b)

Owner or Operator: ________________________________

The person whose signature appears below hereby certifies that the following facility(ies) is (are) in compliance with the requirements of subpart H of 40 CFR part 280 as adopted by Chapter 62-761 and/or 62-762, F.A.C. [Indicate "See Attachment" if more than one facility is covered.]

Facility Name: ________________________________ FDEP FacID: ________________________________

The following financial assurance mechanism(s) is (are) used to demonstrate financial responsibility:

Primary Mechanism: ________________________________ [Enter type of funding mechanism, guarantee or financial test w/out guarantee]

Name of Issuer: ________________________________ [Firm, Guarantor, Issuer, Issuing Institution, Surety(ies), Trustee or Owner or Operator (when using Part J)]

Instrument No.: _________________ Period of Coverage: _________________ to _________________ [Dates of coverage]

Complete the following only as applicable [Required when Bond, Letter of Credit and most Guarantees are used]:

Standby Trust Fund (SBTF) Trustee: ________________________________ [Required when Bond, Letter of Credit and some Guarantees are used]

SBTF entered into date: _________________ Account number: ________________________________

Financial Test used [required for most Guarantees]: Form Part _________________ completed [Insert A, I, J or O]

The mechanism(s) demonstrate(s) financial responsibility for ________________________________ for UST and/or AST in the amount of:

Per Occurrence: $ ________________________________ Annual Aggregate: $ ________________________________

Signature of Authorized Representative of owner or operator

Signature of Witness or Notary

Type Name and Title

Type Name of Witness or include Notary Seal

Date

This certification must be updated whenever the financial assurance mechanism(s) used to demonstrate financial responsibility change(s).