

**For Internal Use only:**

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MINNESOTA PETROLEUM TANK RELEASE COMPENSATION BOARD
SUPPLEMENTAL APPLICATION FOR REIMBURSEMENT
(EFFECTIVE JULY 1, 2026 THROUGH JUNE 30, 2027)

I. APPLICANT INFORMATION

Applicant Name _____

******(MUST MATCH)** As identified on your W-9 Taxpayer Identification Number and Certification Form – see Application Checklist)

Applicant Address _____

City _____

State _____

Zip _____

Contact Person (if different from above "Applicant Name") _____

Day Phone _____

E-mail Address _____

Fax _____

II. LEAK SITE INFORMATION

Minnesota Pollution Control Agency (MPCA) Leak Number _____

Leak Site Name _____

Leak Site Address _____

City _____

, MN

Zip _____

____ / ____ / ____ Date petroleum leak detected

____ / ____ / ____ Date petroleum leak reported to the MPCA

III. MULTIPARTY CHECK REQUEST (if applicable)

If you have requested the issuance of a multiparty check for this application, attach the request form(s) and list each associated lender, contractor, and consultant below.

IV. CHRONOLOGY

Please provide a chronological description of the investigation and cleanup activities covered on this application (*attach additional sheets if necessary*). For each field work event, identify the date(s) the work was performed and the services provided (e.g. the number of borings and wells installed or sampled, the amount of contaminated soil removed, etc.). For each report prepared, identify the type of report and date submitted to the MPCA.

V. COMPETITIVE BIDDING

List all of the written bids and proposals that you obtained for corrective action services at this site (*attach additional sheets if necessary*). **Attach copies of all signed and dated bids and proposals.**

	Bidder Selected*	Name	Amount of Bid	Date of Bid	Task
Consultants	☐				
	☐				
	☐				
Contractors	☐				
	☐				
	☐				
	☐				

*If the lowest bid or proposal was not selected, explain that decision on a separate sheet.

**** Failure to have competitive Bids for **ALL** Consultant and Contractor work, and use of lowest bidder will likely result in a 10% reimbursement reduction for all associated costs per Minn. Rule 1890 (pending exception explanation review).

VI. ELIGIBLE COSTS

____ / ____ / ____ to ____ / ____ / ____ **Dates of invoices submitted with this application**

☐ Yes ☐ No Are any of the costs included in this application in dispute? If so, describe the disputed issue(s) on a separate sheet.

☐ Yes ☐ No Are any of the costs included with this application subject to bankruptcy proceedings? If so, please describe the nature of the proceedings on a separate sheet.

☐ Yes ☐ No Has the applicant filed a lawsuit or made a claim against any third party for costs for which the applicant is seeking reimbursement or for any costs associated with this release? If so, attach a separate sheet identifying all third parties and provide copies of all correspondence between the applicant and third parties.

☐ Yes ☐ No Is the applicant aware of any action the applicant committed or of any action committed by a consultant or contractor which may have caused or aggravated the contamination at this site? If so, please explain.

☐ Yes ☐ No Are ongoing corrective action costs expected at this site? If so, explain briefly below.

Type of Work

Approximate Cost

\$ _____
\$ _____
\$ _____

VII. CONSULTANTS/CONTRACTORS

Complete the following for **ALL** contractors, subcontractors, consultants, engineering firms, or others who performed corrective actions at this site and whose work is covered by invoices included in this application (*see Application Guide*).

Consultant (ATTACH ADDITIONAL PAGES IF NECESSARY)

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

Contractors (ATTACH ADDITIONAL PAGES IF NECESSARY)

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

_____ Petrofund Registration Number

Name of individual or firm _____

Mailing Address _____

City

State

Zip

Contact Person _____

Phone _____

E-mail Address _____

VIII. ATTACHMENTS

The following attachments are included with this application (*see Application Guide*):

☐ Railroad Right-of-Way Bulk Plant attachment

☐ Tank in Transport Release attachment

Check all that apply.

IX. CALCULATION OF REIMBURSEMENT REQUEST

Enter on the lines below the amounts you are requesting for reimbursement for each step of consultant and/or contractor services. Add the amounts for each step together, subtract the amount of available insurance, and multiply the resulting total by the appropriate reimbursement rate to determine your total reimbursement request.

COST SUMMARY

Excavation and Soil Disposal Oversight Before Investigation \$_____

Limited Site Investigation or Full Remedial Investigation \$_____

Active Remediation—Initial Field Testing \$_____

Active Remediation—Site-specific System Design..... \$_____

Active Remediation—System Installation, Start-up, and Operation & Maintenance \$_____

Active Remediation—System Decommissioning \$_____

Contractor Services \$

Permits, Utilities, and Public Safety Access Fees (If Invoiced Directly to the Applicant)... \$_____

Emergency Response..... \$

TOTAL ELIGIBLE COSTS \$

Insurance Reimbursement (subtract) — \$(_____)

= \$_____

x 90%*

TOTAL REIMBURSEMENT REQUEST = \$

*If a different reimbursement rate applies, calculate at that rate. See *Application Guide*.

X. CERTIFICATION PAGE* (see *Application Guide*)

APPLICANT SIGNATURE and NOTARIZATION (SIGNATURE AND NOTARIZATION REQUIRED)

If information contained in this application changes in any material way after this application is submitted to the Petrofund, I will immediately notify the Petrofund in writing of those changes.

I understand that the information used to support this application is subject to audit by the Minnesota Pollution Control Agency and the Minnesota Department of Commerce.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I certify that if I have submitted invoices for costs that I have incurred but that remain unpaid, I will pay those invoices within 30 days of receipt of reimbursement from the board. I understand that if I fail to do so, the board may demand return of all or a part of reimbursement paid to me and that if I fail to comply with the board's demand, that the board may recover the reimbursement, plus administrative and legal expenses in a civil action in district court. I understand that I may also be subject to a civil penalty.

APPLICANT SIGNATURE

I further certify that I am authorized to sign and submit this application on behalf of:

Name of corporation, partnership, municipality or public agency

Signature _____

Name (print) _____

Title _____

Date _____

NOTARIZATION

Subscribed and sworn to before me this _____ day

of _____, 20_____.

Notary Public _____

[Stamp]

My commission expires _____

THIS SECTION IS TO BE COMPLETED IF YOU ARE SIGNING ON BEHALF OF A CORPORATION, PARTNERSHIP, MUNICIPALITY OR PUBLIC AGENCY:

Please check one of the following:

☐ I certify that I am a principal executive officer or ranking elected official of the corporation, municipality or public agency.

☐ I certify that I am a general partner of the partnership.

☐ I certify that I am a duly authorized representative or agent of the principal executive officer and I am responsible for the overall operation of the facility that is the subject of the application. Documentation has been included in the application to support this authorization.

☐ I certify that I am a person whom the board of directors has designated to sign on behalf of the corporation through a resolution. Documentation has been included in the application to support this authorization.

X. CERTIFICATION PAGE* (see Application Guide) – CONTINUED**CONSULTANT SIGNATURE (SIGNATURES REQUIRED)****

I, _____, confirm that all costs claimed by _____
(Individual name) (Consultant company)

as a part of this application are a true and accurate account of services performed. I further confirm that no costs included in this application that were invoiced by my consulting company are ineligible as listed in Minnesota Rules, Chapter 2890.

Consultant Signature Title Date

If more than one consulting firm performed work for costs included in this application, the second company should complete the following section.

CONSULTANT SIGNATURE (SIGNATURES REQUIRED)**

I, _____, confirm that all costs claimed by _____
(Individual name) (Consultant company)

as a part of this application are a true and accurate account of services performed. I further confirm that no costs included in this application that were invoiced by my consulting company are ineligible as listed in Minnesota Rules, Chapter 2890.

Consultant Signature Title Date

APPLICATION PREPARER CONTACT INFORMATION

(Preparer's name) (Representing) Phone Number

Please send this application and accompanying documents to:

MINNESOTA DEPARTMENT OF COMMERCE – PETROFUND

85 SEVENTH PLACE EAST, SUITE 280

ST. PAUL, MN 55101-2198

651-539-1515 OR 800-638-0418

This application form is effective JULY 1, 2026 – JUNE 30, 2027

Application Submittal Checklist

In compiling your application for reimbursement from the Petrofund, your submittal must include the following documents. Please note that failure to include all of these documents in your submittal will result in delays in receiving your reimbursement.

- ☐ A complete Petrofund application form. The certification page must include the applicant's notarized signature. If you are signing on behalf of a corporation, partnership, municipality or public agency as a duly authorized representative or agent of the principal executive officer or as a person whom the board of directors has designated to sign on behalf of, you must provide documentation with the application to support this authorization. The Consultant's Signature section must be signed by each consulting firm that performs work whenever consultant costs are being requested for reimbursement.

The certification page can be a photocopy and does not need to include original signatures.

- ☐ All applicable attachments, as listed in Section VIII of the application.
- ☐ Copies of all letterhead invoices billed to the applicant by consultants and contractors that include costs being requested for reimbursement as part of this application. In cases where these services were subcontracted, the subcontractor invoices must also be provided.

Please note that costs must be submitted for reimbursement within seven years after the work being requested for reimbursement was performed.

- ☐ Copies of all Petrofund cost allocation forms associated with the consultant and contractor services being requested for reimbursement.
- ☐ Copies of all consultant proposals and contractor bids required by the Petrofund rules and associated with the consultant and contractor services being requested for reimbursement.
- ☐ A site map showing the locations of significant features on the leaksite property, including, but not limited to, the following: structures; soil borings; monitoring wells; former and existing underground and aboveground petroleum storage tanks, dispensers and lines; and areas where contaminated soil was excavated.
- ☐ If not submitted as part of a previous application for reimbursement, a completed federal tax *Form W-9 Request for Taxpayer Identification Number and Certification*. Please note that the name on this form must match the name of the applicant in Section I of the application.

If any information has changed on your previously submitted *W-9 Request for Taxpayer Identification Number and Certification* form, please provide an updated form.

- ☐ If applicable, all *Multiparty Check Request* forms, as listed in Section III of the application.

Railroad Right-of-Way Bulk Plant attachment

The 2001 Minnesota Legislature added a provision [Minn. Stat. §115C.09, subd. 3h (c)] that allows a higher reimbursement rate for a portion of the costs associated with corrective action at a bulk plant located on what is or was railroad right-of-way. This form will help you to determine whether you are eligible for the higher rate. Please read each question and check "Yes" or "No."

Are the costs for which you are requesting reimbursement associated with corrective action at a bulk plant located on what is or was railroad right-of-way?	☐ Yes ☐ No
Was more than one bulk plant operated on the same section of right-of-way?	☐ Yes ☐ No

To apply for reimbursement of 90% of the total reimbursable costs on the first \$40,000 of reimbursable costs and 100% of any remaining reimbursable costs, you must have responded "Yes" to both questions above. In addition, you should submit the following documents with your application:

- ☐ This form;
- ☐ A copy of your lease agreement with the railroad; and
- ☐ A site map that shows the applicable section of right-of-way and the locations of all bulk plants that are or were located on the same section of right-of-way.

Do not submit this form with your application if it does not apply.

Tank in Transport Release Attachment

Minn. Statute §115C allows for reimbursement of up to \$100,000 for costs associated with a release from a tank in transport. This form will help you to document your eligibility to receive this reimbursement.

TANK INFORMATION

Enter the requested information for each tank in transport involved in the release.

Type of Tank	Petroleum Product	Capacity

Do not submit this form with your application if it does not apply.