

Application for Registration with the Petrofund Board as a Consultant

Under Minnesota Statutes Chapter 115C.11, all consultants who perform corrective action services in response to a petroleum tank release must register with the Petrofund Board. "Consultant" means an individual, partnership, association, private corporation, or any other legal entity that actually performs consulting services, which include the rendering of professional opinion, advice, or analysis regarding a release. As part of complying with the required registration criteria, consultants must complete this form and submit it together with the indicated documentation.

Registration is effective 30 days after a complete application is received by the Board and remains in force until any one of the following occurs:

- **The applicant fails to complete the annual review update form or online questionnaire between 1 Oct – 31 December of prior year, or**
- **the applicant's professional liability coverage, which must include pollution impairment liability coverage, expires;**
- **the applicant voluntarily terminates their registration; or**
- **the applicant's registration is suspended or revoked by the Commissioner of Commerce or the Petrofund Board.**

***** Work completed during a lapse could be penalized as "unregistered".**

1. APPLICANT INFORMATION

Full name of legal entity applying for registration:

Doing Business As (DBA): _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Primary Contact _____

Legal Entity (check one)

☐ Sole Proprietorship

☐ Limited Liability Partnership

☐ General Partnership

☐ Limited Partnership

☐ Corporation

☐ Other legal entity

☐ Limited Liability Company

***If you are a legal entity that is required to be registered with the Office of the Minnesota Secretary of State, your registration with their agency must be current in order to file or renew your Petrofund registration.**

Background Questions

1. Has the legal entity, or any owner, partner, officer, director or manager of the legal entity, ever been convicted, whether by pleading guilty, with or without admitting guilt, or pleading nolo contendere, of any of the following offenses: any felony; any gross misdemeanor; or a misdemeanor involving: (a) assault; (b) harassment; (c) moral turpitude; or (d) conduct similar to items (a) to (c)?

☐ Yes. Please provide a detailed description of the offense(s).

☐ No.

2. Has the legal entity, or any owner, partner, officer, director or manager of the legal entity, ever been subject of an order revoking, suspending, restricting, limiting, or imposing other disciplinary action against the legal entity's license or certification in another state or jurisdiction?

☐ Yes. Please provide a detailed description of the order(s).

☐ No.

2. BRANCH OFFICES

Please provide the following information for any branch offices that perform work at cleanup sites in Minnesota. Attach additional sheets if necessary.

Branch Office #1

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Primary contact _____

Branch Office #2

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Primary contact _____

Branch Office #3

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Primary contact _____

3. CERTIFICATION

As legally certified with the authorized signature below, the legal entity identified in Part I above makes this application for registration with the Petrofund Board as a consultant and:

- certifies knowledge of and agrees to abide by the requirements of Minnesota Statute Chapter 115C and Minnesota Rule 2890;
- agrees to retain and make available all corrective action records for inspection for seven years;
- agrees to maintain professional liability coverage, including pollution impairment liability, and agrees to submit a certificate or certificates verifying the existence of the required insurance coverage*; and
- agrees to file a corrected application for registration within 30 days if any of the information in this application becomes inaccurate or incomplete in any material respect.

***Please note that the company name listed as the "Insured" on the Certificate of Insurance must be identical to the company name listed on this registration application. The "Certificate Holder" section of the Certificate of Insurance must indicate: State of Minnesota, Department of Commerce/Petrofund, 85 – 7th Place East, Suite 280, St. Paul, MN 55101-2198.**

NOTARIZATION

_____	Subscribed and sworn to before me this ____ day of
Authorized signature	_____, 20____.
Name (print) _____	[Stamp]
Title _____	Notary Public _____
Date signed _____	Commission Expiration Date _____

4. FORM SUBMITTAL INSTRUCTIONS

Submit (mail, fax or email) the following documents:

- this completed form that has been signed, dated and notarized; and
- the certificate(s) verifying the existence of the required insurance coverage.

Please note that original signatures are no longer required.

MAILING ADDRESS:

Minnesota Department of Commerce – Petrofund
85 Seventh Place East, Suite 280
St Paul, MN 55101-2198

EMAIL ADDRESS: petrofund.commerce@state.mn.us

FOR OFFICE USE ONLY

Petrofund Consultant Registration Number _____