

REQUEST FOR REIMBURSEMENT AUTHORIZATION – RSA 146-D, RSA 146-E, RSA 146-F, Or RSA 146-G



A. AUTHORIZATION INFORMATION

Oil Fund Disbursement Board

- (1) Type of Facility (check only one): Bulk Motor Fuel (LAST) On-Premise-Use Fuel Oil (OPUF)
 Motor Fuel UST facility (LUST) Motor Oil Storage (MOST) Bulk Fuel Oil (FUEL) Ether Project
 (2) Type of Authorization (check only one): First-Party Costs (Site Cleanup) Third-Party Costs (Court Judgment)

B. FACILITY INFORMATION

- | | |
|--|--|
| (1) Facility Name (or residence name):
(2) Facility Address:
(3) Facility Town:
(4) Is this Facility Active or Permanently Closed?:
(5) NHDES Facility Registration/Permit No., if applicable):
(6) NHDES Project/Site No.:
(7) Date of Discharge Discovery: | (Complete Here) _____

_____ |
|--|--|

C. OWNER/INSURANCE INFORMATION (See Instructions Notes 5&6)

- | | |
|--|--|
| (1) Owner's Name:
(2) Mailing Address:
(3) Daytime Phone:
(4) Are you a new owner since last authorization?:
(5) No. of facilities owned in NH (of type checked above):
(6) Is coverage available under other insurance?: | (Complete Here) _____

<input type="checkbox"/> Yes <i>Date of Acquisition:</i> _____ <input type="checkbox"/> No
<input type="checkbox"/> (Not Applicable for OPUF or Ether Project)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously Determined |
|--|--|

D. OWNER'S LIABILITY STATEMENT AND AFFIRMATION

I hereby certify that the facility referenced above is currently in compliance. I agree that I may be responsible for a "deductible" to be applied against any amounts reimbursed to me from the fund. If reimbursement is made to an "Applicant", I understand that I may be billed for the deductible amount and that I shall pay said amount within 30 days of the billing date, or shall arrange for periodic payments. I understand the funds under RSA 146-D, RSA 146-E and RSA 146-F, only provide excess insurance coverage.

I declare that the representations made in this reimbursement authorization are to the best of my knowledge true and correct. I agree to reimburse the fund for any payments made to me based upon incorrect information on this form, or incorrect reimbursement request information.

NOTE: ONLY ORIGINAL SIGNATURE ACCEPTED

 Owner's Signature – Date Signed

E. REIMBURSEMENT REQUEST SUBMITTAL INSTRUCTIONS

- Complete this Request for Reimbursement Authorization form and include it with your first reimbursement request submittal. A separate authorization form is needed for first-party corrective action costs, and for third-party damage costs. A new authorization(s) is needed if facility/property ownership has changed.
- Do not submit an authorization request if the facility is not in compliance with applicable requirements.
- Do not submit a reimbursement request for costs incurred before discharge discovery, for costs associated with discharge discovery, for costs associated with facility closure or upgrading, or for work in progress – unless authorized by NHDES. See the rules of the Oil Fund Disbursement Board (N.H. Admin. Rules Odb 400) and the Petroleum Reimbursement Fund Program Guidance Manual. <http://www.des.state.nh.us/orcb/costprog.asp>.
- Include a cover/transmittal letter with each reimbursement request that lists the information included in the request, and number each request for each facility type in sequence. Refer to this request number when making a re-submittal.

E. REIMBURSEMENT REQUEST SUBMITTAL INSTRUCTIONS

(5) If you are the new owner of a facility/property, for which the previous owner was reimbursed, you must complete this form and include it with your first reimbursement request, checking the box labeled "Yes" under Section C., Item (4), and indicating the date of acquisition. You should ascertain that NHDES records such as the facility registration and groundwater permit were updated.

If you are a former owner that previously submitted this form and received reimbursement, you do not need to re-submit the form if you transfer ownership to another party and continue corrective action under the terms of a facility/property transfer agreement. However, you must include a copy of the transfer agreement with your first reimbursement request submitted after the effective date of the agreement. The transfer agreement must state the former owner has an obligation to continue corrective action after transfer to a new owner.

(6) By law, the funds under RSA 146-D, RSA 146-E and RSA 146-F, only provide excess insurance to eligible facility owners. Therefore, you must exhaust any other insurance available to you for cleanup costs and/or third-party damages before you may be reimbursed from the funds. To demonstrate that you are eligible for reimbursement you must first submit a claim or request for coverage determination to your insurance carrier(s). Please attach the following documents to the initial authorization request for this facility, as applicable:

(Check)

- a. A copy of the claim or request for coverage filed with all other insurance carriers for the facility/property.
- b. Copies of all responses from other insurance carriers regarding coverage determinations under other policies.
- c. Copies of Declaration of Coverage sheets and other information regarding policy coverage, policy limits and payments received from other insurance.

If coverage under other insurance is available you must check the box labeled "Yes" under Section C., Item (6) of this form. If the information provided (see above C) indicates that the limits of coverage were reached, your reimbursement request(s) will be processed.

You may check the box labeled "No" if the information provided (see above A and B) indicates coverage was denied. Your reimbursement request(s) will be processed.

If the information provided indicates insurance coverage issues are not resolved, the Oil Fund Disbursement Board must approve a waiver for your reimbursement request(s) to be processed. Contact NHDES for further information regarding insurance coverage or discharge responsibility disputes.

(7) Requests for reimbursement authorization for third-party damage awards or settlements are subject to pre-notification procedures and submittal requirements specified in Odb 400.

Return completed form(s) and reimbursement requests to:

Joyce P. Bledsoe, P.G.
NHDES – WMD
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

If you have questions, call (603) 271-8740.

NOTE: INCOMPLETE REQUESTS WILL BE RETURNED