

UST Report Certification Form

(REVISED 11/06)

A. Facility Name : _____
Facility Street Address : _____
Municipality: _____ County : _____
Block: _____ Lot(s): _____ Telephone Number : _____

B. Owner (or Responsible Party)'s Name: _____
Street Address: _____ City : _____
State: _____ Zip: _____ Telephone Number : _____

C. Assigned Case Manager : _____ UST Registration Number : _____
Incident Report Number _____ - _____ - _____ - _____ - _____ TMS Number: _____

D. Certification by the Subsurface Evaluator:

"I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment. "

Name: _____ Signature: _____ UST Cert. No.: _____
Firm: _____ Firm's UST Cert. Number: _____
Firm Address: _____ City: _____
State: _____ Zip: _____ Telephone Number : _____

E. Certification by the Responsible Party(ies) of the Facility:

The following certification shall be signed [according to the requirements of N.J.A.C. 7:14B-1.7(b)]as follows:

1. For a Corporation by a person authorized by a resolution of the board of directors to sign the document. A copy of the resolution, certified as a true copy by the secretary of the corporation, shall be submitted along with the certification; or
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, State, federal or other public agency by either a principal executive officer or ranking elected Official.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate, or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties."

Name (Print or Type): _____ Title: _____

Signature: _____ Date: _____

Notarization is necessary if information is being submitted pursuant to an MOA or ACO.

Sworn to and Subscribed Before Me

On this _____ Date of _____, 20____

_____ Notary