

**O.A.C. 3737-1-04.1 AFFIDAVIT**

**Affidavit For USTs For Which A Valid Certificate Of Coverage  
Has Not Been Issued For Two Or More Consecutive Years**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_:SS

I, \_\_\_\_\_ (Name), having been duly cautioned and sworn, state the following information to be true to the best of my knowledge.

1. I, \_\_\_\_\_ (Name), am the owner and/or operator of the underground storage tank(s) or am an employee of an owner and/or operator of the underground storage tank(s), for which an Ohio Financial Assurance Fund valid Certificate of Coverage has not been issued for two or more consecutive years, and I am now applying for a Certificate of Coverage from the Ohio Financial Assurance Fund for the subject tanks.

2. The tank(s) described in paragraph one are located at \_\_\_\_\_  
\_\_\_\_\_ (address), \_\_\_\_\_ (city and state).

3. There has been no suspected release or release required to be reported to the fire marshal from the subject underground storage tank system(s) for which coverage is being sought, or any known release is in compliance with the requirements of rule 1301:7-9-13 of the Administrative Code.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
NAME OF AFFIANT (please print)

\_\_\_\_\_  
EMPLOYMENT TITLE

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
BUSINESS PHONE

**Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_**

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires