

## RUST GRANT APPLICATION

Complete and submit this application with all required documentation to the above address.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |          |              |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|--------------|----------------|
| <b>APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |          |              |                |
| This application is being filed by: <input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> UST Owner & Operator                                                                                                                                                                                                                                                                                                                                                                                                             |               |          |              |                |
| Business Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |          | Fed Tax ID * |                |
| Contact Person/Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | SSN *    |              | # of Employees |
| Project Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | City     | State        | Zip Code       |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | City     | State        | Zip Code       |
| E-Mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Telephone No. | Cell No. | Fax No.      |                |
| Applicant Status <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                           |               |          |              |                |
| Please answer the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |          |              |                |
| 1. Is this business independently owned and operated? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>2. Has the project facility where the project tank(s) is located sold, at retail less than 900,000 gallons of gasoline annually for last 2 years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>3. Does Applicant employ fewer than 20 full and part-time employees? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> |               |          |              |                |
| Please list all other owned or operated USTs in California and attach to application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |          |              |                |
| Please attach the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |          |              |                |
| <ul style="list-style-type: none"> <li>Copy of Applicant's most recent employee tax form (IRS Form 941 or California EDD Form DE 6)</li> <li>Copy of Applicant's most recent California Tax Return</li> <li>Copy of Sales And Use Tax Return Form (BOE-401-GS, rev 60, 4-02) including Schedule G, Fuel Seller's Supplement, submitted by the Applicant to the State Board of Equalization during the last eight quarters (2 years)</li> <li>Copy of current UST permit for each Project Tank (LOP/CUPA and AQMD/APCD)</li> </ul>                                      |               |          |              |                |
| <b>ESTIMATE OF COSTS (Only cost to comply with Health and Safety Code sections 25284.1, 25292.4, and 25292.5 are eligible for funding)</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |               |          |              |                |
| Estimated Eligible Costs to Complete Work: (Attach copies of Quote/Bid/Contract)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |          |              | \$             |
| <b>VERIFICATION AND SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |          |              |                |
| As the undersigned applicant(s) to the Replacing, Removing, or Upgrading Underground Storage Tanks (RUST) Program, I (we) hereby certify, under penalty of perjury, under the laws of the State of California, that the information provided in this Application is true and correct and represents the intended use of all sources of funds identified in the Application, and that I will inform the State Water Resources Control Board immediately of any changes therein.                                                                                         |               |          |              |                |
| Executed on this _____ day of _____ 20 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |          |              |                |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |          |              |                |
| Printed Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |          | Title _____  |                |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |          |              |                |
| Printed Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |          | Title _____  |                |
| <b>Optional Information for Government Monitoring Purposes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |          |              |                |
| Race/National Origin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |          |              |                |
| <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black not Hispanic <input type="checkbox"/> East Indian<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian; not Hispanic <input type="checkbox"/> Other (specify) _____                                                                                                                                                                                                                                        |               |          |              |                |

\* If a federal employer identification number is unavailable, a social security number is required. Section 25299.106 of the Health and Safety Code authorizes the Board to request this information. Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide your social security number. Failure to provide the requested information will result in denial of the grant application. The social security number will be used by the State solely for the purpose of identifying the recipient of the grant funds. Applicants have the right to inspect records containing personal information maintained by the Board.