

**STATE OF GEORGIA
UNDERGROUND STORAGE TANK (GUST) TRUST FUND
PARTICIPANT CONFIRMATION**

State of _____

County of _____

*See Guidance on page 3 for multiple facilities

1) My name is _____ and that I am the _____ of _____, the _____ of the Underground Storage Tanks (USTs) located at _____ with the Facility ID # _____.
(Title) (Company) (Facility Name and Address*)

2) That in my capacity with the _____ of the USTs at the above referenced facility, I am familiar with the books and records maintained in the regular course of business and have personally examined the Environmental Assurance Fee (EAF) payment records of _____, from _____ through present for the facility identified above.
(Facility Name and Address) (Start Date of Role)

3) That the following petroleum suppliers were the only providers of petroleum product to the facility and they provided petroleum product during the time period set out beside their name and address:

Product Supplier	Start Date of Service	End Date of Service

(attach additional pages as necessary)

4) That the records of the _____ show that all EAFs were paid to the petroleum supplier(s) identified above as required for participation in the GUST Trust Fund under the Underground Storage Tank Act, O.C.G.A. 12-13-1 et seq., and the Rules for Underground Storage Tank Management.

5) That I am aware that the Environmental Protection Division will rely on the information provided herein in determining whether, the _____ is a participant in the GUST Trust Fund for the facility identified as Facility ID # _____ and on behalf of the _____, I warrant and represent that copies of all invoices showing payment of the EAF on these petroleum sales will be available for inspection and audit by the employees or authorized agents of the Georgia Environmental Protection Division or State of Georgia.

Signature

Date

PRODUCT SUPPLIER CONFIRMATION

State of _____

County of _____

*See Guidance on page 3 for multiple facilities

1) My name is _____ and that I am the _____ of _____, Product Supplier (Supplier) _____ (Title) _____ (Company) to the USTs located at _____ (Facility Name and Address*)

2) That in my capacity of _____ of Supplier, I am familiar with the _____ (Title) books and records maintained in the regular course of Supplier's business, especially concerning the sales of petroleum products and the collection of and payment by Supplier of Environmental Assurance Fees (EAFs) for participants in the Georgia Underground Storage Tank (GUST) Trust Fund to the State of Georgia.

3) That the records of Supplier show that EAFs were collected on all petroleum product delivered to _____ and _____ (Facility Name and Address)

that all EAFs so collected were (select one):

submitted to the Distributor, _____ (Distributor Name)

or

submitted directly to the GUST Trust Fund under _____ (Name)

4) That I am aware that the Environmental Protection Division will rely on the representations made and information provided herein in determining whether _____ is a _____ (Owner/Operator/Company Name)

participant in the GUST Trust Fund for the facility located at _____ (Facility Address)

and I further warrant and represent that Supplier's records of EAF collection and payment are available for inspection and audit by the employees or authorized agents of the Georgia Environmental Protection Division or State of Georgia.

Signature

Date

GUST TF Confirmation Form Guidance

Fill out this form every 3 years or if there is a change in your jobber.

Page 1, Participant Confirmation, is filled out by the owner, operator, or owner and operator of the facility.

- Select ***owner, operator, or owner and operator*** from the dropdown menu to denote the appropriate title.
- Fill in the facility name, address, and ID number in the appropriate blanks. This information should be identical to the information listed on your current Annual Underground Storage Registration Certificate.
- For multiple facilities, attach an additional page with the schedule of facilities. Fill “See Schedule” in all facility name and address blanks.
- List all product suppliers (jobbers) for this facility and their dates of service in the Section 3 table. If necessary, attach additional pages.
- Sign and date

Page 2, Product Supplier Confirmation, is filled out by a representative of the facility’s current jobber.

- For multiple facilities, fill “See Schedule” in all facility name and address blanks.

This document will serve as proof of your facility’s participation in the GUST Trust Fund. Retain the completed Confirmation Form and the Certificate of Financial Responsibility (Form P) with your compliance records for inspection.