



**State of Illinois
Office of the State Fire Marshal**

AUTHORIZATION TO SUBMIT ELIGIBILITY AND DEDUCTIBLE APPLICATION

The undersigned owner or operator for the underground storage tanks for facility number _____
located at _____ (“this facility”) certifies that:

- (1) _____, located at _____
(name of representative or consultant) (address of representative/consultant)

is fully authorized by the undersigned to submit an Eligibility and Deductible Application to the Office of
the State Fire Marshal for IEMA incident number _____; and

- (2) that the undersigned owner or operator of this facility has authority to direct remediation at this facility and
has directed the above representative or consultant to take all actions necessary to perfect the Eligibility
and Deductible Application for this facility, including the submittal of any necessary additional
information; and
- (3) that the undersigned is a corporate officer, managing member, managing partner, individual owner, or other
employee or other representative of the owner/operator with full authority to direct submittals concerning
the remediation in this matter and make these representations on behalf of the owner/operator.

SIGNED:

Under penalties for perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the
undersigned certifies that the statements set forth in this instrument are true and correct.

Owner/Operator Signature

Title (if not a sole proprietor)

Print Full Name of Person Signing

Date

E-mail Address for Person Signing

1035 Stevenson Dr., Springfield, IL 62703, (217) 785-0969
JRTC, 100 W. Randolph St., Ste. 4-600, Chicago, IL 60601, (312) 814-2693
2309 W. Main St., Marion, IL 62959, (618) 993-7085
TDD: 217-785-0969

Web site: WWW.SFM.ILLINOIS.GOV