



# OFFICE OF THE ILLINOIS 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  Owner  Operator \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Person Signing Title/Position (if not sole proprietor)

\_\_\_\_\_  
Email Address for Person Signing