CERTIFICATION AFFIDAVIT

Site Name_________________________________________________     MGPTF I.D. No.___________

Amount of this request $______________________________

I certify that this request for reimbursement of costs at the above referenced site is consistent with the provisions of the Mississippi Underground Storage Tank Act. I certify that all invoices, data, and documentation submitted as part of this request are a true and accurate representation of costs actually incurred as an integral part of the assessment and/or remediation of motor fuel contamination.

I, the tank owner, responsible party, or authorized representative warrant that I have not received any fee, commission, percentage, gift, or other consideration as a result of employment of a person, company, corporation, individual, or firm responsible for conducting site assessments, remediation, or any function thereof and further that I know of no offer or acceptance of any fee, commission, percentage, gifts, or other consideration as a result of employment of a person, company, corporation, individual, or firm responsible for conducting site assessments, remediation or any function thereof. I understand that any evidence or discovery of fraud or other misuse of payments received from the fund may result in referral to the Attorney General for appropriate action.

REIMBURSEMENT METHOD SELECTION
(Please complete the box with the reimbursement method of your choice)

I certify that the above amount requested for reimbursement represents a financial obligation that has been paid in full. As such, I request the approved amount be paid directly to the bank account previously indicated. Verifiable proof of payment is provided with this reimbursement request.

Typed or printed name of tank owner/responsible party or authorized representative       Signature

I certify that the above amount requested for reimbursement represents a financial obligation that has not been paid. As such, I request the approved amount be paid directly to the Response Action Contractor.

Typed or printed name of tank owner/responsible party or authorized representative       Signature

Before me personally appeared_______________________________, who executed the foregoing instrument and acknowledged to me and before me that said instrument was executed for the purposes therein expressed.

Witness my hand and official seal, this______ day of___________________________ A.D. ________.

____________________________________________  My commission expires_____________________

Notary Public

FOR OFFICIAL USE ONLY
OFFICE OF POLLUTION CONTROL
APPROVED FOR PAYMENT

DIVISION #______________________________
DATE:____________________________________
AMT. APPROVED:______________________________
SIGNED:____________________________________