



**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: \_\_\_\_\_