# **ETHANOL / BIODIESEL**

# **AFFIDAVIT AND CERTIFICATIONS (Part 2)**

Pursuant to the provisions of Chapter 2020-56, Laws of Florida, application for repair, replacement, or other preventative measures related to the blending of ethanol with gasoline or biodiesel with ultra-low sulfur diesel fuel is hereby made. The following information is submitted in support of this application. Please complete the applicable sections of this form, draw a diagonal line through inapplicable sections, and submit the entire application form along with any other required documentation.

**SECTION VI. – AFFIDAVIT REQUIREMENTS**

**CERTIFIED PSSC AFFIDAVIT REQUIREMENTS**

The following information is required to be submitted by the Certified Pollutant Storage System Contractor (PSSC) with the affidavit (as applicable):

A proposal for repair, replacement, or for preventative maintenance of each piece of equipment – enumerated individually. For any replacement request, the PSSC must include in the affidavit the reasons why repair or other preventative measures are not technically or economically feasible or practical.

Copies of inspection reports, including photographs prepared by the PSSC, the District, or the County Inspectors documenting the damage or potential for damage to the petroleum system.

Proposal showing scope of work for the repair, replacement, or other preventative measures including:

1. Detailed list of labor,
2. Detailed list of equipment,
3. Other associated costs (Any costs associated with closure and/or sampling [as required by Chapter 62-761, Chapter 62-762, and Chapter 62-780, Florida Administrative Code (F.A.C.)] must be itemized and clearly identified as costs that are not being claimed in the application).
4. For replacement or repair, include the following:
   1. Provisions for any preventative measures needed to prevent a recurrence of the damage (e.g., corrosion inhibitors, compatible coatings), and
   2. Adoption of a maintenance plan.

For proposals to replace storage tanks or piping, a statement from a Certified Public Accountant (CPA) indicating the depreciated value (maximum allowable replacement cost) of the tank(s) or piping proposed for replacement, excluding labor costs. Applications must include documentation of age of storage tank or piping (Note: S*torage tanks 20 years old or older are deemed to be fully depreciated and have no replacement value*).

**SECTION VII. - AFFIDAVIT**

**AFFIDAVIT of CERTIFIED POLLUTANT storage system contractor**

**For an Ethanol/Biodiesel Application to FDEP**

**BEFORE THE STATE OF FLORIDA**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

IN RE: [Applicant’s Name NOT the name of the PSSC]

[DEP Facility #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, being first duly sworn, deposes and says:

1. Affiant, [name] is 18 years of age or older and a [job title] with [Company’s full name]. Affiant's business address is [address].

2. Affiant attests that it is a Certified Pollutant Storage System Contractor registered under the laws of the State of Florida with the Department of Business and Professional Regulation. PSSC License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in accordance with 489.133, Florida Statutes*.*

3. Affiant has reason to believe that the property owned by and located at [describe property as specifically as possible] may have been [CHOOSE AS APPROPRIATE and indicate whether biodiesel or ethanol fuels were involved] damaged as a result of the storage of fuel blended with ethanol or biodiesel or may not be compatible with fuels containing ethanol or biodiesel. [Based on this opinion, the affidavit must include the storage tank, the piping, or each component of the storage tank system that has been damaged or not compatible with [ethanol or biodiesel], provide an explanation of the source of damage, and an explanation of why replacement was economically feasible or practical versus a repair of the equipment. Included must be copies of any inspection reports, including photographs, prepared by the specialty contractor or department or local program inspectors documenting the damage or potential for damage to the petroleum storage system. Provide a proposal showing the proposed scope of the repair, replacement, or other preventive measures, including a detailed list of labor, equipment, and other associated costs. In the case of replacement or repair, the proposal must also include provisions for any preventive measures needed to prevent a recurrence of the damage, such as the use of corrosion inhibitors, the application of coatings compatible with ethanol or biodiesel, as appropriate, and the adoption of a maintenance plan. For proposals to replace storage tanks or piping, a statement must be provided from a certified public accountant indicating the depreciated value of the tanks or piping proposed for replacement. Applications for such proposals must also include documentation of the age of the storage tank or piping. Historical tank registration records may be used to determine the age of the storage tank and piping. The depreciated value shall be the maximum allowable replacement cost for the storage tank and piping, exclusive of labor costs. Tanks that are 20 years old or older are deemed to be fully depreciated and have no replacement value].

4. The proposal for [CHOOSE AS APPROPRIATE: the repair or replacement of the equipment or implementation of other preventive measures. (If the proposal is to replace any equipment, affiant must include reasons that repair, or other preventive measure are not technically or economically feasible or practical)] is as follows (or may be attached to this affidavit as an incorporated exhibit):

This Affidavit and the supporting documentation are a total pages.

Affiant’s Signature Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and subscribed before me, by means of  physical presence or  online notarization on this

­ day of , 20 by

Print Affiant’s Name

Signature of Notary Public

Printed/Typed Name of Notary:

Commission No.

My commission expires:

Personally known OR produced identification

Type of identification produced

**SECTION VIII. – CERTIFIED PSSC POST-WORK CERTIFICATION**

The following certification shall serve as proof that the scope of work has been conducted under the observation of, and related technical documents have been signed by, a Certified PSSC registered with an active license in the State of Florida in each contributing technical discipline associated with the documentation listed in Section IV of the application in accordance with Chapter 62-761 and/or Chapter 62-762, Florida Administrative Code (F.A.C.).

Pursuant to ss. 376.302(1)(C), Florida Statutes (F.S.), I have read and understand the requirements of Chapter 2020-56, Laws of Florida, Sections 376.303, F.S., and Chapter 62-761, F.A.C., and/or Chapter 62-762, F.A.C. In addition, I certify that I have read the foregoing Ethanol / Biodiesel Application Form (Part 1) and the Ethanol / Biodiesel Affidavit and Certifications (Part 2); that I understand and have adhered to the requirements stated; and that the work completed was integral, necessary, and required for the repair, replacement, or preventative measures (as applicable).

Payment Period Covered by Application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Registered PSSC Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Title

**Certified PSSC Information**:

Name:

Address:

(Street or P.O. Box)

(City) (State) (Zip Code)

Email Address:

Telephone Number: ( ) -

State of Florida Certified PSSC License Number:

Expiration Date:

AFFIANT Date

**SECTION IX. – Certified Public Accountant statement**

The following certification shall serve as proof that the documentation submitted in accordance with Section IV of the Ethanol / Biodiesel Application Form (Part 1) has been reviewed by the undersigned independent CPA in accordance with standards established by the American Institute of Certified Public Accountants.

Pursuant to **ss. 376.302(1)(C), F.S**., I have read Chapter 2020-56, Laws of Florida, and Section 376.303, F.S., I attest that the depreciated value of the tanks or piping proposed for replacement, including documentation of the age of the storage tank and/or piping using historical tank registration records that the depreciated value is the maximum allowable replacement cost for the storage tank and/or piping, exclusive of labor costs. Tanks that are 20 years old or older are deemed fully depreciated and have no replacement value.

For Storage Tank application and/or piping applications, provide documentation with calculations of the total storage tank amount claimed in the application, the total storage tank and/or piping removal depreciated value, and the time period covered by the storage tank and/or piping removal application.

This Affidavit and the supporting documentation are a total of \_\_\_\_ pages

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CPA Date

**CPA Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or P.O. Box)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip Code)

Telephone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_