

**SOUTH DAKOTA**  
**PETROLEUM RELEASE COMPENSATION FUND**  
**APPLICATION FORM**

Complete this form and return it to the Fund's investigator for review and processing along with any other forms that have been requested. ALL SECTIONS PROVIDED IN THIS FORM MUST BE COMPLETED. For assistance, you may wish to contact the Petroleum Release Compensation Fund. ALL FORMS FILLED OUT AND SUBMITTED INCORRECTLY WILL BE RETURNED. If a particular section is not applicable, record "N/A" in the blank provided.

**APPLICANT:** \_\_\_\_\_ **PRCF No.:** \_\_\_\_\_ **DENR No.:** \_\_\_\_\_

[Please Print or Type]

1. Name and Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Street or Highway Description of Contaminated Site \_\_\_\_\_  
\_\_\_\_\_
3. Legal Description of Contaminated Site \_\_\_\_\_  
\_\_\_\_\_
4. What was the substance(s) that was released? (check)  Gasoline  Diesel  
 Jet Fuel  Heating Oil  Other \_\_\_\_\_
5. What type of container held the petroleum before the spill? (check one)  
 Vehicle Trailer  Underground Storage Tank  Above-Ground Storage Tank  
 Other \_\_\_\_\_
6. Date Spill Was Discovered? \_\_\_\_\_
7. Date Spill Was Reported to Dept. of Environment & Nat'l Resources? \_\_\_\_\_
8. Contact Person for Applicant (name, address, and telephone number) \_\_\_\_\_  
\_\_\_\_\_
9. Narrative Description of the Spill (use add'l paper if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the foregoing statements are true and correct to the best of my knowledge and beliefs. Furthermore, I hereby certify that any expenses submitted in this claim are for cleanup expenses incurred in accordance with SDCL 34A-13.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date