

APPLICATION FOR CLASSIFICATION AS A VOLUNTARY RESPONSIBLE PERSON

PETROLEUM REMEDIATION SECTION PETROLEUM RELEASE REMEDIAL ACTION CASH FUND

Release Facility Information			NDEE ID :		N	DEE Pro	R			
1	Facility Name:									
2	Address:									
3	City:				Sta	te: NE	C	ounty		
Voluntary Responsible Person (VRP) Information										
4	RP Name:									
5	Contact Name:									
6	Address:									
7	City:			State:		Zip):			
8	Phone Number:									
9	Email Address:									
10	Federal ID:									
11	Applicant Qualifications									
	This form is submitted when you are making application as a VRP under Neb. Rev. Stat. §66-1514. Describe ownership interest in the above facility including dates:									
12	Voluntary Responsible Person Verification									
I verify that the information attached in support of the application for classification as a VRP pursuant to Neb. Rev. Stat. §66-1514 is complete and accurate. I further understand that discovery of fraud or other misuse of payments received from the Fund may result in referral to the Attorney General for appropriate action and/or recovery of amounts previously reimbursed, or reduction of additional reimbursements from the fund, pursuant to Title 200, Chapter 1.										
Signature of VRP (below):										
Swe	Sworn to and subscribed before me this day of, 20 Signature of Notary Public									