



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Petroleum Storage Tank Fund
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AFFIDAVIT: EQUIPMENT OR MATERIALS COSTING \$10,000 OR OVER

(REVISED 9/17/2014)

This form should be used when an applicant is requesting reimbursement of equipment or material costing \$10,000 or over. Please note the following requirements.

- This form must be reproduced on the consultant/contractor company's letterhead as opposed to the applicant's letterhead. Affidavits that are not on the consultant/contractor company's letterhead will not be accepted.
- This form must be signed by both the applicant and the primary consultant.

More information is available in the [Petroleum Storage Tank Regulations](#).

Applicant Information

Applicant Name:			
Site Name:			
Site Address:			
City:		State:	ZIP:

Equipment or Material Certification and List

I have enclosed a copy of proof of payment (a canceled check) that the equipment or material listed below has been paid for. I hereby certify that the following information is correct to the best of my knowledge, information and belief. I understand there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false or failing to disclose a material fact with the intent to defraud.

Primary Consultant Invoice # on which Equipment or Material is Listed	Equipment or Material Name (as listed on the Subcontractor Invoice)	Total Reimbursement Amount Requested (as listed on the OPS Invoice)

Consultant/Contractor Certification

I, being first duly sworn upon oath and being of lawful age, state that I routinely supervise petroleum remediation projects in my normal course of business, that the equipment or material listed above was delivered to the site as a necessary component of remediation at this site, and that this equipment or material was used under my supervision.

Signature:		Date:	
Printed Name:	Title:	Phone #:	
Company (Payee) Name:			
Company (Payee) Mailing Address:			
City:	State:	ZIP:	

Notary Public Certification	Subscribed and sworn to before me in the county of _____, State of _____,		
	this _____ day of _____, _____.		
	Notary Public Printed Name: _____		
	Signature: _____		
	My Commission Expires: _____		

Applicant Certification

I, being first duly sworn upon oath and being of lawful age, that the equipment or material listed above was delivered to the site as a necessary component of remediation at this site.

Signature:		Date:	
Printed Name:	Title:		
Company (Payee) Name:			

Notary Public Certification	Subscribed and sworn to before me in the county of _____, State of _____,		
	this _____ day of _____, _____.		
	Notary Public Printed Name: _____		
	Signature: _____		
	My Commission Expires: _____		