



Department of Safety and Professional Services
 Environmental and Regulatory Services Division
 Bureau of PECFA
 PO Box 7838
 Madison WI 53707-7838
 (608)-266-6796
 (608)-267-1381 FAX

APPLICATION FOR WAIVER/DEFERRAL OF PECFA DEDUCTIBLE

This application is to be completed and submitted with all required attachments to the address listed above.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

PECFA # _ _ _ _ - _ _ _ - _ _

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|-----------------------|--|
| Claimant's Name | Remedial Action Site Name |
| Address | Remedial Action Site Address |
| City, State and Zip | Remedial Action Site City, State and Zip |
| Telephone # () | |

Wisconsin Statutes, Section 101.143(4)(ee), provides the following:

Waiver of deductible. Notwithstanding par. (d)2., (dm)2. or (e)2., the department may waive the requirement that an owner or operator pay the deductible amount if the department determines that the owner or operator is unable to pay. If the department waives the requirement that an owner or operator pay the deductible, the department shall record a statement of lien with the register of deeds of the county in which the petroleum product storage system is located. If the department records the statement of lien, the department has a lien on the property on which the petroleum product storage system is located in the amount of the deductible that was waived. The property remains subject to the lien until that amount is paid in full.

The following documents must be provided before a decision can be made on an Application for Waiver of a PECFA Deductible:

- ◆ 3 most current years Federal and State tax records.
- ◆ A completed PECFA financial statement form (ERS-10774) and a completed Application for waiver/deferral of PECFA deductible.
- ◆ A copy of a document that includes a full legal description of the property for which the waiver of the PECFA deductible is requested. The Deed to the property will include this information.
- ◆ A copy of you last tax bill is required.

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| The undersigned claimant is applying for a waiver of the PECFA deductible. The claimant has read the Wisconsin Statutes, Section 101.143(4)(ee), referenced above. The claimant understands that if the application for waiver of the PECFA deductible is approved, a lien will be placed on the property on which the petroleum product storage tank system is located and for which the waiver of the PECFA deductible is requested. I assume the responsibility for notifying all current owners about this application. | |
| Y. Claimant's Signature(s) | Z. Date Signed |

For Department Use Only

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| Application: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED - Your financial situation does not meet the requirements of this provision | PECFA Financial Manager <hr/> Date |
|--|------------------------------------|