



**APPLICATION FOR CLASSIFICATION AS A VOLUNTARY  
RESPONSIBLE PERSON  
PETROLEUM REMEDIATION SECTION  
PETROLEUM RELEASE REMEDIAL ACTION CASH FUND**

<b>Release Facility Information</b>		Facility ID :		DWEE Program ID :		PRR	
1	<b>Facility Name:</b>						
2	<b>Address:</b>						
3	<b>City:</b>		<b>State:</b>		<b>NE</b>	<b>County</b>	
<b>Voluntary Responsible Person (VRP) Information</b>							
4	<b>RP Name:</b>						
5	<b>Contact Name:</b>						
6	<b>Address:</b>						
7	<b>City:</b>		<b>State:</b>			<b>Zip:</b>	
8	<b>Phone Number:</b>						
9	<b>Email Address:</b>						
10	<b>Federal ID:</b>						
11	<b>Applicant Qualifications</b>						
	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	<b>Voluntary Responsible Person Verification</b>						
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.							
<b>Signature of VRP (below):</b>							
<p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Notary Public</p>							