

FEDERAL BROWNFIELDS TAX INCENTIVE PROGRAM

APPLICATION FOR CERTIFICATION OF ELIGIBILITY

Please complete this application form: (type or print clearly)

A. APPLICANT INFORMATION:

Business/Taxpayer Name: _____

Mailing Address: _____

Telephone #: _____

Property/Site Address for Tax Deduction: _____

B. PROGRAM ELIGIBILITY CRITERIA:

1. Contaminated Site Criteria: (Please refer to ATTACHMENT 2, "Eligible Hazardous Substance List - Where to Find It")

The property listed above must contain a release or threat of release of a hazardous substance, as defined by sections 101 (14) and 102 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA). As of January 1, 2006, properties solely contaminated with petroleum, including crude oil, and natural gas products and synthetic gas products usable for fuel, are eligible for the Federal Brownfields Tax Incentive. Properties listed or proposed to be listed on EPA's National Priority List ("NPL") are not eligible for this program.

Please attach copies of documentation to substantiate release or threat of release of hazardous substances.

Nature of Contamination: (list hazardous substance(s)) _____

Proof of contamination: (check all that apply) DEP Site RTN/Site ID(s): _____

LSP Opinion Consultant's Report (Notarized) Hazardous Waste Manifest Bill of Lading

NOTE: Other eligibility criteria also apply. See Taxpayer Relief Act of 1997, Pub. L. 105-34.

C. REDEVELOPMENT INFORMATION:

Is property held for business or income generation purposes? _____

Future Reuse: _____

Estimated Cleanup Costs: _____

Acreage: _____

D. APPLICANT CERTIFICATION:

I attest under the pains and penalties of perjury that, i) the information provided in this application is true, correct and complete to the best of my knowledge and belief; ii) the release of hazardous substance(s) located within the above-referenced property is not solely comprised of petroleum, including crude oil, and natural gas products and synthetic gas products usable for fuel, and iii) I have the authority to sign this certification on behalf of the Business/Taxpayer listed above.

Name: (print) _____ Title: _____

Signature: _____ Date: _____

Complete this Application and Return to:

Federal Brownfields Tax Incentive Program
Catherine Finneran
MA DEP, BWSC, 7th Floor
1 Winter St., Boston, MA 02108