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| **MassDEP Certification of Financial Responsibility** |
| **Entity Name (Holder of FR Mechanism):**       |
| **Entity Address:**       | **Entity Town:**       | **Entity State:**       | **Entity Zip Code:**       |
| **Facility Name:**       | **Address:**       | **Town:**       | **UST ID#:**       |
|  |
| **Mechanism Type** | **Issuer Name** | **Mechanism #** **(If Applicable)** | **Effective Period****(M/D/Y - M/D/Y)** | **Per Occurrence Coverage Amount** | **Aggregate Coverage Amount** | **Applicable to DEP Tank #** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **Signature of Authorized Entity Signatory:** | **Signature of Witness or Notary Public:** |
| **Printed Name of Authorized Entity Signatory and Title:**      | **Printed Name of Witness or Notary Public:**      |
| **Date:**      | **Date:**      |