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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:** | | | | | | |