

**VA Claim Assignment Coversheet**



Claim Number:	_____	Claimant:	_____
PC Number:	_____	Consultant:	_____
Site Name:	_____	NatLUST Payee:	_____
Amount Requested:	_____	Amount Approved:	_____

**INSTRUCTIONS FOR ASSIGNING VIRGINIA UST CLAIMS**

1. **IF YOU NEED TO MAKE CHANGES TO THE FORM 2:** Go back into the database and edit the claimant and/or site information, as appropriate. If you have entered an incorrect PC #, you may need to delete the claim and start over. Certain information is 'locked' and can only be changed by a NatLUST administrator.

Once you have made the edits, navigate to CLAIMS > FORMS > GENERATE & PRINT, then select the claim and regenerate the FORM 2 or cover page, as appropriate.

2. **FOR CONSULTANTS USING THE DATABASE CREATED FORM 2.** Have the form signed and notarized by your client or skip to #4 below.
3. **FOR CONSULTANTS WHO HAVE THEIR CLIENTS SIGN MULTIPLE FORM 2's:** As a workaround for those consultants who like to have their clients sign multiple DEQ forms at the start of the clean up, use the FORM 2 [posted on NatLUST's website](#). After setting up the claim in the database, print out a copy of this cover page. Go to step 5.
4. **FOR CONSULTANTS SIGNING USING A POWER-OF-ATTORNEY.** Consultant's may sign the FORM 2 using a power-of-attorney (POA) from the claimant. Be sure to include a copy of your POA with the Form 2 that you send us.
5. **WHAT TO SEND NATLUST:**

For consultants who are using the bar coded FORM 2 (the one created by the database), fax or email a copy of it to us along with your POA, if applicable.

For those consultants who used the FORM 2 posted on NatLUST's website, send us the bar coded cover page, followed by the notarized FORM 2.

Please do not send your claim to NatLUST by mail.

6. **WHAT TO SEND DEQ:** Mail the entire claim reimbursement package (including the original executed Form 2) directly to DEQ.
7. **FUNDING CYCLE:** NatLUST will fund your claim when it appears as "Payment Pending" on DEQ's Claim Status Report, [www.deq.virginia.gov/tanks/claimstatus.html](http://www.deq.virginia.gov/tanks/claimstatus.html). DEQ typically updates the claim status report on Thursday or Friday every week.  
**Rapid Funding Claimants/Consultants Only:** All claims submitted to NatLUST by Wednesday will be funded that same week.

8. **WHERE TO SEND DOCUMENTS:**

Send the reimbursement package to:

**VIRGINIA DEQ - OSRR  
P.O. Box 1105  
Richmond, VA 23218**

Send an executed copy of the FORM 2 to:

**NATLUST  
Fax: (866) 852-9007  
By E-Mail: [Service@natlust.org](mailto:Service@natlust.org) (PDF or TIF format)**

Questions? Call 804-358-6661 or send an email to [Service@NatLUST.org](mailto:Service@NatLUST.org).

**FORM 2**  
 Virginia Petroleum Storage Tank Fund (VPSTF)  
**PAYMENT ASSIGNMENT FORM and SUBSTITUTE IRS FORM W-9**  
**Request for Taxpayer Identification Number and Certification**

This form is for use by claimants who wish to assign their reimbursement payment to another party. A notarized original of this form must be submitted with each reimbursement application for which the claimant wishes to assign the payment to another party. All assignments are subject to the approval of DEQ.

**Part I: Claim Assignment (must be completed by Claimant)**

Pollution Complaint No: \_\_\_\_\_

**Party to Receive Payment:**

Claimant Name: \_\_\_\_\_ Name: NATLUST  
 Total Costs Claimed in this Application: \_\_\_\_\_ Address: ON FILE WITH DEQ  
 Contact Name/Telephone of Assignee: Lindsay Trittipoe 804-358-6661 City: N/A State: N/A Zip: N/A

By signing below, I:

- Assign the VPSTF payment for the above-referenced claim and any reconsideration of that claim to the Assignee designated above.
- Warrant and represent that I have not assigned or pledged my reimbursement payment to any other person or entity and it is hereby being assigned and transferred free and clear of any and all liens and encumbrances.
- Warrant and represent that I am the claimant, or in claims in which the claimant is not an individual, that I have the authority to assign this payment on behalf of the claimant.
- Agree that the assignment by this form applies only to the reimbursement claim with which it is submitted and any reconsideration of that claim.
- Agree that use of this form does not transfer my liability for corrective action and/or third party claims.
- Agree that any check issued as a result of this reimbursement claim will be issued only to the name of the party designated as the assignee on this form.
- Agree that if the check is issued to the claimant rather than the party designated as assignee on this Assignment Request Form, I bear the responsibility for transferring the payment to the assignee.

\_\_\_\_\_  
 Claimant Signature Date

**Notary Certificate of Acknowledgment:**

State of \_\_\_\_\_ } ss City/County of \_\_\_\_\_ }

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_  
 Same name as Claimant Signature

/s/ \_\_\_\_\_ My commission expires: \_\_\_\_\_ Notary No: \_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 Stamp

**Part II: IRS Information (must be completed by Assignee)**

Please provide the Federal ID number of the Assignee named above and sign the certification below:

Check Only One	Social Security Number	Employer Identification Number
<input checked="" type="checkbox"/> Corporation.....	Not Applicable	<u>20-1317448 (NATLUST)</u>
<input type="checkbox"/> Partnership.....	Not Applicable	_____
<input type="checkbox"/> Trust or Estate.....	Not Applicable	_____
<input type="checkbox"/> Limited Partnership.....	Not Applicable	_____
<input type="checkbox"/> Limited Liability.....	Not Applicable	_____
<input type="checkbox"/> Sole Proprietor.....	_____ or _____	_____
<input type="checkbox"/> *Individual.....	_____ or _____	<b>Not Applicable</b>
<input type="checkbox"/> Other (specify): _____	_____ or _____	_____

***If \*Individual is checked and you are engaged in a trade or business, you are certifying that expenses associated with site remediation being claimed for reimbursement are in no way related to your business.***

**CERTIFICATION:**

**Under penalties of perjury, I certify that:**

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am responsible for updating/revising the above information should any information change on any pending claim.
- I authorize the DEQ to examine and audit all records and supporting documents related to this claim and, if applicable, the reconsideration of this claim.

**NATLUST's W-9 IS ON FILE WITH DEQ** **ON FILE WITH DEQ**  
 \_\_\_\_\_  
 Claim Assignee Signature Date

## INSTRUCTIONS FOR COMPLETING FORM 2

### PART 1 Claim Assignment

#### Claimant Name

The petroleum storage tank owner/operator whom DEQ has designated the responsible person for the clean-up is the claimant. This person may be an individual, a business entity (e.g. partnership, LLC or corporation) or a government agency. **The Claimant Name on Form 2 must be the same as that in Block IA of Form 1.**

#### Claimant Signature

If the Claimant is not an individual the title of the person signing on behalf of the entity should also be provided.

Examples:

*John T. Merrick*, Treasurer Mt. Carmel Baptist Church  
*John T. Merrick*, for Petroleum Partners LLC  
*John T. Merrick*, Vice President, PTO Inc.

If a POA or LPOA is signing on behalf of the Claimant the signature should include the Claimant's name.

Example:

*John T. Merrick*, for Lauren Kelly

#### Notary Certificate of Acknowledgement

The Date of the Notarial act **MUST BE THE SAME DATE AS THE DATE OF THE CLAIMANT'S SIGNATURE.**

The Notary must sign; provide their registration number and place their photographically reproducible notary seal/stamp.

Virginia's Notary Law requires the original signature of the notary. The 2009 Notary Public Handbook also notes that if the notary's handwriting is not legible, it is a good practice to for the Notary to print his/her name below the signature.

Virginia law requires a notary to use a seal on every document they notarize. The law specifies that when a seal is used that it must be sharp, legible, permanent and photographically reproducible. It is recommended that the notary seal be imprinted or stamped just below the Notarial statement and that care should be taken to not obscure the signatures or other parts of the document.

Out-of-state Notaries' should follow their legal requirements when performing the Notarial Act.

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