



APPLICATION FOR PETROLEUM TANK RELEASE COMPENSATION FUND
 NORTH DAKOTA INSURANCE DEPARTMENT
 PETROLEUM TANK RELEASE COMPENSATION FUND (PTRCF)
 SFN 17017 (Rev. 1-2006)

OFFICE USE ONLY

File Number
Date Sent
Date Received

Business Name			
Name of Tank Operator			
Business Address	City	State	Zip Code
Name of Tank Owner if not the Operator			
Business Address	City	State	Zip Code

Street or Highway Description of Petroleum Release	
Legal Description of Petroleum Release Location	
Amount of Money Spent on Clean Up of this Release	Is Clean Up Complete? Yes No - What is remaining?
PTRCF Tank Number from Registration Form	
Tank Size (in Gallons)	
Check One Overfill Spill Release from Underground Tank Release from Aboveground Tank Other (Specify)	
Product Released	
Date Spill was Discovered	Was other property affected other than described above? Yes No
Name of Contact Person	Telephone Number

NARRATIVE OF THE SPILL:

How was the release discovered?
What tests have been done and by what engineering firm?
What corrective action has been taken?
Any other pertinent information?

I certify that the above statements are true and correct to the best of my knowledge.	
_____ Signature of Owner or Operator	_____ Date

Return the completed form to: Petroleum Tank Release Compensation Fund
 1701 South 12th Street
 Bismarck, ND 58504
 Telephone (701) 328-9600
 Fax (701) 328-9610