APPLICATION FOR PETROLEUM TANK RELEASE COMPENSATION FUND

NORTH DAKOTA INSURANCE DEPARTMENT
PETROLEUM TANK RELEASE COMPENSATION FUND (PTRCF)
SFN 17017 (Rev. 11-2011)

OFFICE USE ONLY

File Number
Date Sent
Date Received

Business Name (Operator)			
PTRCF Tank Number from Registration Form	Name of Contact Person	Telephone Number	
Business Address	City	State	ZIP Code
Name of Tank Owner if not the Operator			
Address	City	State	ZIP Code
List all Insurance Policies for Business/Release Location			

Street Address of Petroleum Release			
Check One ☐ Overfill Spill ☐ Release from Underground Tank ☐ Release from Aboveground Tank		Amount of Product Lost (Gallons)	
Product Released	Date Release was Discovered	Tank Size (Gallons)	
Was other property affected other than described above? ☐ Yes ☐ No If yes, answer below:			
Name			
Address	City	State	ZIP Code

NARRATIVE OF THE SPILL:

How was the release discovered?
What caused the release?
What corrective action has been taken?

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:

North Dakota Insurance Department
600 E. Boulevard Ave.
Bismarck, ND 58505-0320
Telephone (701) 328-9600
Fax (701) 328-9610