CERTIFICATION OF FINANCIAL RESPONSIBILITY
FOR VRAP APPLICANTS

___________________ hereby certifies compliance with the financial responsibility (Voluntary Remediating Party) requirements of 20 DCMR Chapter 67.

The financial assurance mechanism(s) used to demonstrate financial responsibility under chapter 67 of this title are as follows:

Type of mechanism _______________________________________________________
Name of issuer ___________________________________________________________
Mechanism number (if applicable) ___________________________________________
Amount of coverage _______________________________________________________
Effective period of coverage________________________________________________
Whether mechanism covers “taking corrective action” or compensating third parties for bodily injury and property damaged caused by either “sudden accidental releases” or “non-sudden accidental releases.”

________________________________________________________________________
________________________________________________________________________

Signature of VRP: ______________________________
Name of VRP: _________________________________
Title: _________________________________________
Date: _________________________________________
Signature of witness or notary: _____________________
Name of witness or notary: ________________________
Date: _________________________________________

The VRP must update this certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes(s).