



**Department of Environment and Conservation
 Division of Remediation
 Drycleaner Environmental Response Program (DCERP)
 401 Church Street, 4th Floor L&C Annex
 Nashville, Tennessee 37243**

DRYCLEANER APPROVED CONTRACTOR (DCAC) APPLICATION

Directions: Type or print, using blue or black ink to complete this form. Incomplete or illegible forms will not be accepted. Retain a copy of this form and all attachments for your records. All attachments to this application shall be typewritten. If you have any questions concerning completing this application contact DCERP, at (615) 741-2281. Submit the completed application to Department of Environment and Conservation, Division of Fiscal Services – Fee Section (DCERP), 401 Church Street, 14th Floor L & C Tower, Nashville, Tennessee 37243-0438. Make checks payable “Treasurer, State of Tennessee”.

SECTION 1: APPLICANT INFORMATION

Company or Organization Name _____
 Mailing Address _____ City _____ State _____ Zip _____
 Contact Person _____ Telephone # (_____) _____
 Alternate Contact Person _____ Fax # (optional) (_____) _____

Single-Office or Multiple-Office Applications

In accordance with Rule 1200-1-17-.09(2)(b), a company with more than one office location may either submit one combined DCAC application for all office locations under a single application fee or submit a separate DCAC application for each office location. Should one office location be disqualified under this program at any time, any other offices included in a multiple-office DCAC application package would also be disqualified.
 How many office locations are included in this application? _____.

Provide the street address for each office location included in this application. Also provide the desired contact names and telephone numbers for each office location. This data will be used in preparing the DCAC published list(s).

SECTION 2: CONTRACTOR CATEGORIES

DCAC A company may apply for approval to perform work in any or all of the three DCAC categories listed below. For each category’s requirements see www.state.tn.us/sos/rules/1200/1200-01/1200-01-17.pdf, pages 33 and 34 (Rule 1200-01-17-.09(2)(a)(1)(I,II,III and IV).

Category 1 Companies approved to perform facility inspections.

Category 2 Companies approved to perform investigative work.

Category 3 Companies approved to perform remediation. In accordance with Rule 1200-1-17-.09(2)(a)1(iv), remediation companies must have a valid Tennessee Contractor’s License with a Specialty Classification of D (Hazardous Waste Removal) or, E (Air, Water or Soil Remediation). Provide a copy of the current Contractor’s License with Specialty Class documentation with this application if you are applying in this category.

Check all DCAC categories for which the company is seeking approval with this application:

_____ Category 1

_____ Category 2

_____ Category 3

SECTION 3: APPLICATION FEES

NEW DCACs

A non-refundable application fee of \$500.00 shall be submitted with this application if the company is applying to be qualified for one DCAC category, \$750.00 if the company is applying to be qualified in more than one DCAC category.

YEARLY RENEWAL FEES

A non-refundable fee of \$200.00 shall be submitted with this application if the company is renewing in one DCAC category, \$350.00 for more than one DCAC category.

SECTION 4: DCAC EXPERIENCE REQUIREMENTS

Carefully review and follow the experience documentation requirements as outlined in Rule 1200-a-17-.09(2), pages 32, 33 and 34. The complete Rule can be found at www.state.tn.us/sos/rules/1200/1200-01/1200-01-17.pdf or call us and we will be happy to send you a copy.

Some common omissions from the DCAC packet include, but are not limited to the following; no organization chart, no listing of personnel who will be conducting DCERP work and no resumes for new personnel. We are including a copy of last year's personnel roster and their staff classifications. If there has been any change in your staffing please notify DCERP and include resumes for any new personnel. Any packet received without the required documentation will not be processed until the missing documentation is received.

SECTION 5: INSURANCE AND OTHER PROGRAM REQUIREMENTS

The DCAC shall maintain all insurance coverage of the types and with the minimum amounts as described below. The DCAC insurance will list the Division of Remediation as a certificate holder. Insurance shall be in effect prior to the company becoming a DCAC and a lapse of required insurance coverage is sufficient cause for removal of the company from DCAC status. The general liability and pollution insurance policies shall have the Department of Environment and Conservation and the State of Tennessee named as an additional insured on Contractor's policies and these policies shall have endorsements for a waiver of subrogation between the Contractor and the State.

Insurance Types and Acceptable Minimum Coverage Limits

1. Worker's Compensation:

- ✓ State Statutory
- ✓ Employer's Liability \$500,000 (Without restriction as to whether covered by Workmen's Compensation Law)

2. Comprehensive General Liability (including Premises - Operations; Independent Contractor's Protective; Products and Completed Operations; Broad Form Property Damage; contractual):

- ✓ Combined single limits for bodily injury and property damage: \$1,000,000 Each Occurrence; \$2,000,000 Aggregate
- ✓ Products and Completed Operations to be maintained for one year after final payment.
- ✓ Property Damage Liability insurance shall include coverage for perils of explosion, collapse, and underground hazard.
- ✓ Comprehensive General Liability shall apply per job.

3. Pollution insurance for bodily injury and property damage (for DCACs in the contractor categories for investigation activities and/or remediation activities): \$1,000,000 Each Occurrence; \$2,000,000 Aggregate. For DCACs who will only conduct work in the facility inspection and/or remediation oversight contractor categories, the Pollution insurance requirement does not apply.

4. Personal injury: \$1,000,000 Each Occurrence; \$2,000,000 Aggregate

5. Comprehensive Automobile Liability:

- ✓ Split limits of \$500,000 (bodily injury per person)/1,000,000 (bodily injury per occurrence)/250,000 (property damage per occurrence); or
- ✓ Combined single limits for bodily injury and property damage: \$1,000,000 Each Occurrence

SECTION 6: CERTIFICATION STATEMENTS

In accordance with Rule 1200-1-17-.09(2)(a)2, pages 34 and 35, the application shall include a notarized statement, sworn by an executive officer or principal of the company which includes the following provisions:

I certify to the best of my knowledge and belief:

- Neither the company nor any of the company's officers, principals, and employees have been convicted of, pled guilty to, or pled nolo contendere to violating any of the laws stated in Rule 1200-1-17-.09(2)(a)2 or comparable laws in another jurisdiction;
- The company understands that reimbursement from the Fund will be in accordance with the reasonable rate schedule as established by the Department; and,
- The company and its personnel have the licenses and registrations required by the State of Tennessee to perform the activities said company proposes to perform.

In accordance with Rule 1200-1-17-.09(8) and Rule 1200-1-17-.09(3)(k), I further certify under penalty of law, including but not limited to penalties for perjury, the DCAC named above is in compliance with all required insurance coverage for the registration period and information contained in this application and on any attachments, is true, accurate and complete to the best of my knowledge, information, and belief. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

Printed Name

Official Title

Signature

Date

STATE OF TENNESSEE
COUNTY OF _____

Personally appeared before me, the undersigned, a Notary Public within and for the State and County aforesaid, _____, with whom I am personally acquainted, and acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS, this ____ day of _____, 20____.

Notary Public

My Commission Expires _____