RESPONSE ACTION PLAN or CERTIFICATE OF COMPLETION
TRANSFER AFFIDAVIT

(To be completed by transferee)

I, ___________________________________, am over eighteen years of age and competent to testify to the matters set forth in this Affidavit.

Reason for Affidavit: I am providing this Affidavit to the Maryland Department of Environment in order to satisfy the requirements of the Maryland Voluntary Cleanup Program (VCP), specifically Section 7-514 (c) of the Maryland Environmental Article, governing the transferability of Response Action Plans and/or Certificates of Completion under that program. I intend to have transferred to me a __________________________________________ (please specify Response Action Plan or Certificate of Completion) for the following property, now part of the Maryland VCP:

(Identify property here)

Certification of Position Regarding Environmental Contamination:
I hereby affirm, under penalty of perjury, that I, __________________________, the proposed transferee of the Response Action Plan or Certificate of Completion, have not caused or contributed to a release, discharge or threatened release of any contamination at the above referenced property. To date, my involvement with the above referenced property has been limited to the following: __________________________

Acknowledgment:
I acknowledge that any fraud or material misrepresentation in this Affidavit shall void the transfer of the Response Action Plan or Certificate of Completion pursuant to Section 7-514 (c) of the Maryland Environmental Article. I also acknowledge that this affidavit is made subject to the applicable civil and criminal laws of Maryland including Section 7-267 of the Environment Article of the Annotated Code of Maryland that provides for criminal penalties for false statements in required documents. The Maryland VCP application is a document required under Title 7 of the Environment Article of the Annotated Code of Maryland.
I acknowledge that nothing in this affidavit shall be construed to supersede, amend, modify or waive the exercise of any statutory right or remedy under state law with respect to any misrepresentation made.

I DO DECLARE AND AFFIRM UNDER PENALTY OF LAW, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT.

Legal Name of Applicant: __________________________________________

Signature of Affiant: __________________________________________

Affiant’s Name and Title: __________________________________________

Date of Signature: __________

Sworn and subscribed before me this __________ day of ________________, 20___.

Notary’s Signature: ____________________________

My Commission Expires: ____________________________