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| Logo  Description automatically generated | **Maryland Department of the Environment**  **Voluntary Cleanup Program (VCP)** |
| **VCP Expedited Inculpable Person Request Form** |

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard, Suite 625 ⏺ Baltimore Maryland 21230-1719

410-537-3493 ⏺ 1-800-633-6101 ⏺ http://www.mde.maryland.gov

# LAND AND MATERIALS ADMINISTRATION

# LAND RESTORATION PROGRAM

## VOLUNTARY CLEANUP PROGRAM

## EXPEDITED INCULPABLE PERSON WRITTEN STATUS REQUEST FORM

* **REQUEST REVIEW AND APPROVAL**

The information provided in this expedited inculpable person written status request form (“request form”) will be used to determine the eligibility of the applicant for the property as included in the request form for Maryland’s Voluntary Cleanup Program (VCP) expedited determination of the applicant’s status as an inculpable person pursuant to Title 7 of the Environment Article.

Within 5 business days after receipt of the request form, the Department will notify the applicant whether the request for an expedited determination of the person’s status as an inculpable person is approved, requires additional information, or the request is disapproved.

* **EXPEDITED INCULPABLE PERSON APPROVAL FEE SUBMITTAL**

To obtain expedited inculpable person approval, the request form including a completed Inculpable Person Affidavit and the $2,000 fee made payable to the Voluntary Cleanup Fund must be forwarded or hand delivered to the Department at the 1800 Washington Blvd address listed above. Please **do NOT** send this to the PO Box due to the expedited nature of this process. A copy of the completed request form should also be provided via e-mail to **mde.exipvcp@maryland.gov**.

* **QUESTIONS**

Any questions regarding the expedited inculpable person status request application should be directed to the VCP at 410-537-3493.

**FOR DEPARTMENT USE ONLY**

PCA# 13758 AOBJ# 5671, Suffix 001

Form Number: MDE/WAS/COM.029

November 12, 2024 (Revision 15)

TTY Users 1-800-735-2258

(Via Maryland Relay Service)

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| **I. PROPERTY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | |  | | | | | | | | | | | | | | County: | | |  | | | | Zip Code: | | | | |  |
| Tax Parcel Number(s): | | | | | | | | | |  | | | | | | | | | | | | | | | | Acreage: | | | | |  |
| Please check one of the following, if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | This expedited inculpable person status request is for multiple contiguous parcels. Please include the tax parcel number and the acreage for each individual parcel. If parcels are not contiguous, a separate expedited inculpable person status request form accompanied by another $2000 fee must be filed for each non-contiguous parcel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | This property has already applied to the VCP under the same applicant name who meets the requirements for inculpable person as pursuant to Title 7 of the Environment Article. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***NOTE****: For multiple parcels or unusual property configurations please provide a site map and/or table listing each legal parcel, corresponding tax parcel number and acreage. Please note that the expedited inculpable person determination will only apply to the property described on this form. If there are discrepancies between the proposed acreage based on a recent survey and acreage recorded on the Maryland Department of Assessments and Taxation records please provide an explanation for the difference.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. APPLICANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The expedited inculpable person status approval letter will be provided to the representative’s e-mail unless other arrangements are approved by the Department. Submission of SDAT account sheets and parcel plats and surveys will speed up the review process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) of Representative(s): | | | | | | | | | | | |  | | | | | | | | | | | | | | Title: | | | |  | |
| Organization: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | | State: |  | | | | Zip Code: | | | |  | | | | |
| Telephone: | | | | | | (   )    - | | | | | | | | Fax: | | (   )    - | | | | E-mail: | | | \*Required | | | | | | | | |
| The Department’s approval of a person’s status as an inculpable person from an expedited determination request expires if the VCP application, including any applicable fees, is not filed within 6 months after approval of a person’s status as an inculpable person. The name of the organization on the required VCP application must exactly match the name of the organization provided on the written request form that receives approval of an expedited determination of inculpable person status. Expedited inculpable person status only exists as defined in Title 7 of the Environment Article and approval cannot be transferred to a different organization. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III. CURRENT PROPERTY USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe all current property uses (e.g. residential, retail, office space, warehousing, industrial, manufacturing, etc.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VI. OTHER CONTACTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(A)** | | | | **Consultant** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) of Representative(s): | | | | | | | | | | |  | | | | | | | | | | | | | | Title: | | | |  | | |
| Mailing Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | State: | |  | | | | | Zip Code: | | | |  | | | |
| Telephone: | | | | | | (   )    - | | | | | | | Fax: | | (   )    - | | | | | | E-mail: | | |  | | | | | | | |
|  | Send copies of correspondence to this contact in addition to the applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(B)** | | | | **Other (e.g., Project Manager, Attorney)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) of Representative(s): | | | | | | | | | | |  | | | | | | | | | | | | | | Title: | | | |  | | |
| Mailing Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | State: | |  | | | | | Zip Code: | | | |  | | | |
| Telephone: | | | | | | (   )    - | | | | | | | Fax: | | (   )    - | | | | | | E- mail: | | |  | | | | | | | |
|  | Send copies of correspondence to this contact in addition to the applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Attach additional contacts as necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **FEE FORM** | | | | | | | | | | | |
| **This form must be completed and mailed with the appropriate applicable fee(s) to the following address, except as noted below\*:**  Maryland Department of the Environment  1800 Washington Boulevard, Suite 625  Baltimore, Maryland 21230 | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Please check the fee box and make the check payable to the “Voluntary Cleanup Fund.”** | | | | | |  | $2,000 fee for expedited inculpable person approval (***\*please send payment directly to MDE/VCP***) |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | | | | | |
| Applicant’s Name\*\*: | | | | | |  | | | | | |
| Organization: | |  | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | |
| City: |  | | | | | | State: |  | Zip Code: | |  |
| **PROPERTY** | | | | | | | | | | | |
| Property Name: | | |  | | | | | | | | |
| Property Address: | | | |  | | | | | | | |
| City: |  | | | | | | State: |  | Zip Code: |  | |

\*\*This name must be exactly the same on both the VCP application and the Expedited Inculpable Person request

Note: This form MUST be included with any checks if application materials are sent separately.

PCA #13758

AOBJ #5671

SUFFIX #001

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| INCULPABLE PERSON AFFIDAVIT  (To Be Completed by Applicants Seeking Inculpable Person Status) | | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | | | | | | | |
| Affiant’s Name: | | |  | | | | | | | | Title: |  | |
| Organization: | |  | | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | |
| City: |  | | | | | | State: |  | | Zip Code: | | |  |
| **PROPERTY** | | | | | | | | | | | | | |
| Property Subject to Voluntary Cleanup Program Application: | | | | | | | | |  | | | | |
| Property Address: | | | | |  | | | | | | | | |
| City: |  | | | | | | State: |  | | Zip Code: | |  | |
| *I,*      *, am over eighteen years of age and competent to testify to the matters set forth in this Affidavit.* | | | | | | | | | | | | | |
| **Authorized Representative** | | | | | | I am presently the       (title) and an authorized representative of       (applicant) and I possess the legal authority to make this affidavit on behalf of myself and the Applicant for which I am acting. | | | | | | | |
| **Certification of Property Ownership** | | | | | | The Applicant has satisfied the property ownership requirements of an Inculpable Person ("IP") as defined in Environment Article, Section 7-501(j), Annotated Code of Maryland. | | | | | | | |
| **Certification of Position Regarding Environmental Contamination** | | | | | | The Applicant has not caused or contributed to contamination, including release, discharge, or threatened release, at the above referenced property at the time of this application, pursuant to Environment Article, Section 7-501(j)(1)(ii). | | | | | | | |
| **Certification Regarding Related Entities** | | | | | | For the purpose of this “Certification Regarding Related Entities”:  a) "Owner" means a holder of a 10% or greater interest in an entity, whether held by shares of stock, partnership interest, membership interest, or any other means; and b) "Responsible person" means a responsible person as defined in Section 7-201 (t) of the Environment Article of the Annotated Code of Maryland.  The Applicant was incorporated or formed in       (year) for the purpose of      .  The officers, directors, or owners of the Applicant are not any of the officers, directors, or owners of the current, or any previous, owner and/or responsible person for the above-referenced property.  The Applicant was not organized or established, in part or in whole, to avoid liability as a responsible person pursuant to Sections 7-201 (t) and 7-501 et seq. of the Environment Article of the Annotated Code of Maryland. | | | | | | | |

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| INCULPABLE PERSON AFFIDAVIT  **(Continued)** | |
| **Acknowledgement**  Applicant acknowledges that any fraud or material misrepresentation in this Affidavit shall void inculpable person status, approval letters or certificates of completion issued pursuant to Title 7, Subtitle 5 of the Environment Article.  I 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 which provides for criminal penalties for false statements in required documents. The Voluntary Cleanup Program 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 Authorized Affiant***    ***Authorized Affiant’s Name and Title***    ***Date of Signature*** | *Sworn and subscribed before me this* *day of* *,* *.*  **month year**  ***Notary’s Signature***    ***My Commission Expires*** |
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