This report should be filed for one quarter. This report is being submitted for ______ of year ______.

	orkforce Participati	nental Protection Agency on Quarterly Reporting Form ents Act (30 ILCS 571/1 et seq.)
Name of UST Owner or Opera	tor:	
Dates of Project Work:	То	:
UST Own	er or Operator (or F	Representative) Contact Information
Name:		Title:
		Zip Code:
		E-mail:
Phone:		
Please indicate the number of	Wor minority and female in	kforce Data dividuals employed under the Project Labor garding the above-stated IEMA Incident Number(s):
Please indicate the number of	Wor minority and female in general contractor reg	dividuals employed under the Project Labor
Please indicate the number of Agreement entered into by the Female: Black or African American: Hispanic or Latino: Asian American: Native American or Alaskan Na	Wor minority and female in general contractor reg ative: fic Islander:	dividuals employed under the Project Labor
Please indicate the number of Agreement entered into by the Female: Black or African American: Hispanic or Latino: Asian American: Native American or Alaskan Na Native Hawaiian or Other Paci On behalf of (name of UST of	Wor minority and female in general contractor reg ative: fic Islander: Verifica , I, . owner/operator)	dividuals employed under the Project Labor garding the above-stated IEMA Incident Number(s): ation Statement , certify that all (name of individual)
Please indicate the number of Agreement entered into by the Female: Black or African American: Hispanic or Latino: Asian American: Native American or Alaskan Na Native Hawaiian or Other Paci On behalf of (name of UST of	Wor minority and female in general contractor reg ative: fic Islander: Verifica , I, . owner/operator)	dividuals employed under the Project Labor garding the above-stated IEMA Incident Number(s):
Please indicate the number of Agreement entered into by the Female: Black or African American: Hispanic or Latino: Asian American: Native American or Alaskan Na Native Hawaiian or Other Paci On behalf of (name of UST of information reported herein is t	Wor minority and female in general contractor reg ative: fic Islander: <u>Verifica</u> , I, . owner/operator) rue and accurate to th	dividuals employed under the Project Labor garding the above-stated IEMA Incident Number(s): ation Statement , certify that all (name of individual)

Administrative Code (35 III. Adm. Code 734.605), the above information is required for work performed pursuant to Title XVI of the Environmental Protection Act for which payment from the Underground Storage Tank Fund is requested. Disclosure of this information is required. Failure to properly complete this form in its entirety may result in the delay or denial of any payment requested hereunder.