

DEPARTMENT OF ECOLOGY
 AUG 01 2024
 WATER QUALITY PROGRAM



Transfer of Coverage Form

Aquatic Plant and Algae Management General Permit

Both the original Permittee and the new Permittee(s) must sign this form. Provide the date the new applicator will assume responsibility for permit coverage. Once both parties sign this form, the new Permittee becomes responsible for permit compliance and permit fees.

I. Original Permittee

Permit Number: WAG 993003			<i>Long Island Oyster</i>
Permittee's Name: Warren Cowell			
Company: Willapa Bay Shellfish			
Mailing Address: P.O. Box 43			
City: Ocean Park	State: WA	Zip: 98640	
Phone Number: 360-751-2034	Fax:		
In order to ensure compliance with permit Section S1.A.2.a.ii.3, the Original Permittee must supply with New Permittee with a copy of a map that shows the areas covered under permit, and the areas that have been treated.			
Signature: <i>Warren Cowell</i> 4-15-21			

II. New Permittee

Name: Chase Metzger			
Company: Coastal Ag LLC			
Mailing Address: 12507 Y Place			
City: Long Beach	State: WA	Zip: 98631	
Phone Number: 206-276-9115	Fax:		
Email address: chasecoastalag@gmail.com			
WSDA Aquatic Pesticide License Number: 65552			Expires: 12/31/2021
Will assume responsibility and liability for coverage on: April 15, 2021			
Signature: <i>[Signature]</i> 3-30-21			

III. Permit Contact (if different from New Permittee above)

Name:			
Company:			
Mailing Address:			
City:	State:	Zip:	
Phone Number:	Fax:		
Email address:			