



**WATER QUALITY PERMIT FEE PROGRAM**  
**Industrial Stormwater - Gross Revenue Information**  
**For Fiscal Year 2026 Fee Assessment (July 1, 2025 – June 30, 2026)**  
*FY26 invoices will be mailed in Fall of 2025*  
**FORM DUE DATE: MARCH 15, 2025**

**Section 1. General Information**

Business and Facility Name: <b>Bellingham Shipping Terminal</b>	Permit Number: WAR <b>305536</b>
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**Section 2. Contact Information**

Contact Name: Alice Cords	Phone Number: (360) 676-2500
Mailing Address: PO BOX 1677	Email: <b>alicec@portofbellingham.com</b>
City: Bellingham	
State: WA      ZIP: 98227	

**Section 3. Permittee Information**


Number of employees (as of December 31, 2024): <b>2</b>	
<b>Please select one of the choices below as it pertains to your permitted operation</b>	
<input type="radio"/>	Existing Business (go to Section 4)
<input checked="" type="radio"/>	Municipality, Public-owned Entity (Port, District, School, etc.), State/Federal Agency <b>(do not fill out section 4, go to Section 5)</b>

**Section 4. Gross Revenue Earned for Calendar Year 2024.**

<input type="radio"/>	<\$100,000
<input type="radio"/>	\$100,000 - <\$500,000
<input type="radio"/>	\$500,000 - <\$1,000,000
<input type="radio"/>	\$1,000,000 - <\$2,500,000
<input type="radio"/>	\$2,500,000 - <\$5,000,000
<input type="radio"/>	\$5,000,000 - <\$10,000,000
<input type="radio"/>	\$10,000,000 - <\$15,000,000
<input type="radio"/>	\$15,000,000 - <\$20,000,000
<input type="radio"/>	\$20,000,000 and above
<input type="radio"/>	Decline to State (will pay highest permit fee)

**Failure to provide the requested information by the Due Date will result in the permit fee amount being assessed in the highest gross revenue category per the Fee Rule.**

**Section 5. Certification of Information**

I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there may be significant penalties for submitting false information, including reassessment of fees.	
Name: <b>Rob Fix</b> <i>(print)</i>	Title <b>Executive Director</b>
Signature: 	Date <b>3/3/25</b>

**EMAIL completed form by MARCH 15, 2025 to: [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov)**