



Application for Changing Customer of a Standard VCP Project

Washington State Department of Ecology – Toxics Cleanup Program

Use this form to apply for a change in the customer of an existing project under the Washington State Department of Ecology’s (Ecology’s) Voluntary Cleanup Program (VCP). To qualify as a new VCP customer, all site environmental information and data must be current in our records. If our records are not current, you must apply using our full [VCP Application form](#)¹ and submit all data and information required with your application submittal. If your VCP Application is accepted, we will assign a new VCP number to your project. This form cannot be used for Expedited VCP projects.

Site Identification

Site Name:

Existing VCP No.:

New VCP No.:

Instructions for submitting this form

To apply as the new customer of an existing VCP project, you must complete, sign, and date both:

- This Application for Changing Customer of a Standard VCP Project and
- A signed [Voluntary Cleanup Program Agreement](#) form.²

Submit the forms to the regional contact listed below, based on your project’s county.

Northwest Region Counties

Island, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom

vcp-nwro@ecy.wa.gov

Southwest Region Counties

Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Mason, Lewis, Pacific, Pierce, Skamania, Thurston, Wahkiakum

vcp-swro@ecy.wa.gov



Eastern Region Counties

Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman

vcp-ero@ecy.wa.gov

Central Region Counties

Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, Yakima

vcp-cro@ecy.wa.gov

Applicant Information

The applicant is the person or organization requesting services from Ecology and is responsible for paying Ecology’s incurred costs. The agreement explains the applicant’s authority and duty.

¹ <https://apps.ecology.wa.gov/publications/SummaryPages/ecy02074.html>

² <https://apps.ecology.wa.gov/publications/SummaryPages/ecy070324.html>

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Part A. Applicant

Applicant Name: _____

Applicant Type: (check one)

- Person A **person** applicant **must** serve as both the signer of the agreement and project billing contact. Identify this person and their contact information in both [Part B](#) and [Part C](#).
- Organization An **organization** applicant **must** identify the project manager in [Part B](#) and project billing contact in [Part C](#). The organization **must** employ both persons.

Applicant's involvement with the site: (check all that apply)

- | | | |
|-------------------------|-------------------------|-------------------------|
| Property owner | Past property owner | Future property owner |
| Property lessee | Business owner/operator | Mortgage holder |
| Consultant | Attorney | Agent of property owner |
| Private person | Private organization | Public agency |
| Other – please specify: | | |

Is the applicant authorized to grant property access? Yes No

Part B. Project Manager

Ecology will send the project manager all official correspondence. The project manager **must** be either the applicant or employed by the applicant. The project manager may not be an independent contractor hired by the applicant. Please enter the following required information.

Project Manager Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Part C. Project Billing Contact

Ecology will send monthly invoices to the project billing contact. The project billing contact **must** be either the applicant or employed by the applicant. The project billing contact may not be an independent contractor hired by the applicant. Please enter the following required information.

Billing Contact Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

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Part D. Project Consultant

Is the applicant a consultant? (check one)

Yes If checked, skip to [Part E](#).

No If checked, **and** the applicant hired a consultant to conduct the independent remedial action, enter the following required information.

Project Consultant Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Do you want us to contact the project consultant? Yes No

Part E. Property Owner

Does the applicant own the property of the independent cleanup? (Check one)

Yes If checked, enter the type of entity and skip to [Part F](#).

No If checked, enter the required information.

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

What type of entity is the property owner? (Check one)

- | | | | |
|-------------------------|-----------|---------------|-------|
| Private | Municipal | County | State |
| Federal | Tribal | Public school | Mixed |
| Other – please specify: | | | |

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Part F. Signer Affirmation

The signer **affirms** the information provided in this form is true and accurate to the best of their knowledge. Someone other than the **applicant** may sign this form on behalf of the applicant.

Name:	Title:	
Signature:	Date:	
Organization:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	Fax:

Signer Affiliation

What is the signer’s involvement with the site? (check all that apply)

- Applicant
- Property owner
- Consultant
- Attorney
- Other – please specify:

If you need this publication in an alternative format, please call the Toxics Cleanup Program at (360) 407-7170 or visit our [Toxics Cleanup Program webpage](https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup).³ Persons with hearing impairment can call 711 for the Washington Relay Service. Persons with a speech disability can call (877) 833-6341.

³ <https://ecology.wa.gov/About-us/Get-to-know-us/Our-Programs/Toxics-Cleanup>