

Washington Fuels Reporting System

WFRS-CBTS Administrator Designation Form

Instructions: Organizations must register for an account in the Washington Fuels Reporting System and Credit Bank & Transfer System (WFRS-CBTS) in order to report fuels and bank or transfer CFS credits. This form must be signed and dated by the business owner, a managing partner, or a corporate officer or another person with the authority to legally bind the organization/company. Both primary and secondary account representatives/administrators must sign and date this form. Upload the completed form in Step 2 of the registration process in WFRS-CBTS. Three signatures are required to complete this form.

Owner/Officer/Managing Partner

As _____ with authority to legally bind _____
(Title) (Organization/Company)

Federal Employer Identification Number (FEIN): _____ I, _____, am designating the
(Type Name)
following individuals as representatives/account administrators:

Primary Representative / Designated Account Administrator

The Primary Representative/Account Administrator is: _____
(Type Name)

(Title) (Relationship to the Organization)

Account Representative/Administrator Attestation I certify under penalty of perjury under the laws of the State of Washington as follows: I was selected as the primary account representative/administrator by an agreement that is binding on all persons who have the legal right to control CFS credits held in the account. I have all the necessary authority to carry out the duties and responsibilities contained in Chapter 173-424 WAC on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the Washington Department of Ecology or a court regarding the account.

Signature Date Print Name



Secondary Representative / Designated Account Administrator

The Secondary Representative/Account Administrator is: _____

(Type Name)

(Title)

(Relationship to the Organization)

Representative/Account Administrator Attestation I certify under penalty of perjury under the laws of the State of Washington as follows: I was selected as the primary account representative/administrator by an agreement that is binding on all persons who have the legal right to control CFS credits held in the account. I have all the necessary authority to carry out the duties and responsibilities contained in Chapter 173-424 WAC on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the Washington Department of Ecology or a court regarding the account.

Signature

Date

Print Name

Owner/ Managing Partner/ Officer*

By submitting this form, _____ accepts responsibility for the information herein provided to

(Organization Name)

Ecology. I certify under penalty of perjury under the laws of the State of Washington that I am authorized to legally bind the organization by signing on its behalf, that I have personally examined, and am familiar with, the statements and information submitted in this document, and that the statements and information the company has submitted to Ecology in order to register are true, accurate, and complete.

Signature

Date

Print Name

*Only Owners, Managing Partners, or Officers responsible for the organization/company’s fuel production or supply facilities and having authority to legally bind the organization/company should complete and sign this form.

To request an ADA accommodation, contact Ecology by phone at 360-407-6831 or email at ecyADAcoordinator@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.

