

Washington Fuels Reporting System
WFRS-CBTS Account Closure Form

Instructions: In order to close an existing WFRS-CBTS account, please submit this Account Closure Form, which is intended to facilitate compliance with the cancellation requirements found in WAC 173-424-300(1)(f). This form must be signed and dated by a person with the authority to legally bind the company. Please upload the document using the “Correspondence” tab in your WFRS-CBTS account.

Request for Account Closure

As a representative with the authority to legally bind the company/organization named below, I request to close our WFRS-CBTS account on the effective date below.

Company Name: _____

Company Address: _____

City: _____ State/Province: _____ Country: _____ Zip: _____

Company Representative with Binding Authority: _____

Representative Telephone Number: _____ Representative E-mail Address: _____

Signature of Representative: _____

Effective Date of Closure: _____

Person Responsible for Past Reporting Obligations

Name: _____ Telephone: _____

Email: _____ Address: _____

Reason for Account Closure Request

Please check one of the following boxes, then provide a more detailed description in the space provided below.

My organization/company is no longer doing business in Washington.

Last Business Day (MM/DD/YYYY): _____

My organization/company would like to opt-out of the CFS program.

Opt Out Starting (MM/DD/YYYY): _____



My organization/company is being sold to another company. Our current account is to be permanently closed/inactivated.

Other reason.

Describe reason for account closure request:

Confirmation of Satisfying Account Closure Requirements

All quarterly reports up to the quarter in which the closure request is being made have been submitted.

The annual report for the year in which the request is made and any previous year have been submitted.

I understand that any remaining credits at the time of account closure will be forfeited and cannot be recovered. I also confirm that no deficits are pending in the WFRS-CBTS account.

Opt-In Parties: Provided a 90-day notice of intent to opt out and a proposed effective opt-out date.

Ecology Approval (For Ecology Use Only)

Signatures below indicate final approval of account closure.

Print Name of Staff Initiator: _____

Signature of Staff Initiator: _____

Date of signature: _____

Print Name of Section Manager: _____

Signature of Section Manager: _____

Date of signature: _____



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

