



Request to Transfer Permit Coverage Aquatic Pesticide General Permits

Use this form to notify Ecology of a proposed change of the permitted owner/operator.

Permit Type (check one)	<input type="checkbox"/> APAM	<input type="checkbox"/> ISAWC	<input type="checkbox"/> Other:
	<input type="checkbox"/> Mosquito	<input type="checkbox"/> ZI Eelgrass	
Permit number to be transferred			
Waterbody or Facility name			
Facility Location (City/State/Zip)			
County Name			
Effective date of transfer			
	Current Permittee	New Permittee	
Permittee Name			
Company			
Facility name (if different)			
Mailing address: Street/PO Box			
City/State/Zip			
Contact person			
Phone number			
Email Address			
WSDA Pesticide License Number			
SAW User ID			

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Permittee (print name)		
Permittee (signature)		
Date signed		

If you have questions, please contact your Permit Coordinator, or call the phone number shown at the end of this form.

Instructions for Request to Transfer Coverage Form

Aquatic Pesticide General Permits

Submit a Request to Transfer Coverage form to the Department of Ecology when another party will be taking over the permitted activity and become responsible for meeting permit requirements and paying permit fees.

This form applies to Ecology's NPDES Aquatic Pesticide Permits, including:

- Aquatic Plant and Algae Management
- Aquatic Mosquito Control
- Zostera Japonica Eelgrass Management
- Aquatic & Invasive Species Control
- Aquatic Noxious Weed Control
- Irrigation System Aquatic Weed Control

Please sign and return this original document to the following address and retain a copy for your records:

Department of Ecology
Water Quality Program
Attn: Aquatic Pesticide Permit Manager
PO Box 47696
Olympia, WA 98504-7696

Note: The original Permittee remains responsible for, and subject to, all permit conditions and permit fees until the permit coverage transfer is effective.

Questions?

Contact your Aquatic Pesticide Permit administrator listed on the [permit web site](#)¹, call 360-407-6600, or email aquaticpesticideperm@ecy.wa.gov.

ADA Statement

The Department of Ecology is committed to providing people with disabilities access to information and services by meeting or exceeding the requirements of the Americans with Disabilities Act (ADA), Section 504 and 508 of the Rehabilitation Act, and Washington State Policy #188.

To request ADA Accommodation, contact Water Quality Reception at 360-407-6600. For Washington Relay Service or TTY call 711 or 877-833-6341. Visit [Ecology's ADA Accessibility web page](#)² for more information.

For document translation services, call Water Quality Reception at 360-407-6600.

Por publicaciones en español, por favor llame Water Quality Reception al 360-407-6600.

¹ <https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Aquatic-pesticide-permits>

² <https://ecology.wa.gov/About-us/Accessibility-equity/Accessibility>