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| Washington Greenhouse Gas Reporting Program: Certificate of Representation | | CoR | | | | | | | | | | | | |
|  DEPARTMENT OF ECOLOGY State of Washington | Washington State Department of Ecology Greenhouse Gas Reporting Program Air Quality Program P.O. Box 47600 Olympia, WA 98504-7600 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">For Ecology Use Only</td> <td colspan="2">Date Received:</td> </tr> <tr> <td>Form</td> <td>Reviewed</td> <td>Entered</td> <td>Verified</td> </tr> <tr> <td>Site ID</td> <td></td> <td></td> <td></td> </tr> </table> | For Ecology Use Only | | Date Received: | | Form | Reviewed | Entered | Verified | Site ID | | | |
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| Form | Reviewed | Entered | Verified | | | | | | | | | | | |
| Site ID | | | | | | | | | | | | | | |
| | ghgreporting@ecy.wa.gov (360)-407-6811 Web site: http://www.ecy.wa.gov/programs/air/permit_register/ghg/ghg.html See the second page of this form for instructions. | | | | | | | | | | | | | |
| 1. Reporter Identification (as applicable and if available) – Enter the information below | | | | | | | | | | | | | | |
| Facility Reporters: EPA GHGRP ID | | | | | | | | | | | | | | |
| Transportation Fuel Suppliers: WA DOL Fuel Tax License ID | | | | | | | | | | | | | | |
| 2. Facility/Supplier Information – Enter the information below | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| City/State/Zip | | | | | | | | | | | | | | |
| Owners and Operators | | | | | | | | | | | | | | |
| 3. Representative Information – Enter the information below | | | | | | | | | | | | | | |
| | Designated Representative | Alternate Designated Representative (optional) | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Organization | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | |
| City/State/Zip | | | | | | | | | | | | | | |
| Phone Number (Ext) | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | |
| 4 .Certification Statement | | | | | | | | | | | | | | |
| <p>I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the facility or binding on the supplier, as applicable.</p> <p>I certify that I have all the necessary authority to carry out my duties and responsibilities under chapter 173-441 WAC on behalf of the owners and operators of the facility and on behalf of suppliers, as applicable, and that each such owner and operator shall be fully bound by my representations, actions, inactions, or submissions.</p> <p>I certify that the supplier or owners and operators of the facility, as applicable, shall be bound by any order issued to me by Ecology, the Pollution Control Hearings Board, or a court regarding the facility or supplier.</p> <p>If there are multiple owners and operators of the facility or multiple suppliers, as applicable, I certify that I have given a written notice of my selection as the 'designated representative' or 'alternate designated representative,' as applicable, and of the agreement by which I was selected to each owner and operator of the facility and each supplier.</p> | | | | | | | | | | | | | | |
| 5. Signature (sign and date on the lines below) | | | | | | | | | | | | | | |
| Designated Representative Signature | Date | | | | | | | | | | | | | |
| Alternate Designated Representative Signature | Date | | | | | | | | | | | | | |
| This signature also serves as an electronic signing agreement for any document submitted to the Department of Ecology's GHG Reporting Program. | | | | | | | | | | | | | | |
| To request ADA accommodation, call 360-407-6800, 711 (relay service), or 877-833-6341 (TTY). | | | | | | | | | | | | | | |

Instructions

Complete this form by typing, then printing; or by printing, then writing legibly in blue or black ink. Then mail it to the following address by the registration deadline. Attach additional sheets if more space is needed.

Washington State Department of Ecology
Greenhouse Gas Reporting Program
Air Quality Program
P.O. Box 47600
Olympia, WA 98504-7600

The registration deadline is 60 days before your first report submission deadline. This form must be resubmitted if any information on the form changes.

Contact Ecology at ghgreporting@ecy.wa.gov or (360)-407-6811 if you have questions.

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| 1. Reporter Identification (as applicable and if available) | |
| Enter <i>either</i> the facility ID <i>or</i> the supplier ID as applicable. If you do not yet have a facility ID, then leave blank. | |
| Facility Reporters EPA GHGRP ID | Facility ID number assigned by EPA's e-GGRT. It is visible in e-GGRT and in your xml file. |
| Transportation Fuel Suppliers: WA DOL Fuel Tax License ID: | Your license number can be found here: http://www.dol.wa.gov/about/ftactivelists.html |
| 2. Facility/Supplier Information | |
| Name | Facility or supplier name. |
| Address | Facility or supplier address. |
| City/State/Zip | |
| Owners and Operators | List the owner(s) and operator(s) of the facility or supplier. List as many as applicable. |
| 3. Representative Information | |
| Designated Representative (DR) is required. Alternate Designated Representative (ADR) is optional. | |
| Name | Individual signing this form. Use the column that matches the desired role. The DR or ADR must also sign the emissions report when it is submitted. |
| Organization | Signer's employer. |
| Mailing Address | Signer's address. |
| City/State/Zip | It will be used for correspondence and billing. |
| Phone Number (Ext.) | Signer's phone number. Optionally, you can also list fax number. |
| Email Address | Signer's email address. |
| 4. Certification Statement | |
| Certification Statement | Read the certification statement. |
| 5. Signature | |
| Designated Representative Signature | The DR must sign the form. |
| Date | Date form was signed by the DR. |
| Alternate Designated Representative Signature | If the facility or supplier has an ADR, then the ADR must sign the form. |
| Date | Date form was signed by the ADR. |