

Instructions for Transfer of Coverage Form

Zostera japonica Management on Commercial Clam Beds in Willapa Bay General Permit

Submit a Transfer of Coverage Form to the Department of Ecology when another party will be taking over the activity that causes a discharge of imazamox and dyes and will be the entity responsible for meeting permit requirements and paying permit fees.

I. Original Permittee

Give the permit number, name, address, and telephone number of the person who is currently responsible for the permit coverage.

II. New Permittee

Give the name, company, mailing address, phone number, email address, WSDA pesticide applicators license number and license expiration date of the person who will be taking over responsibility and liability for the permit coverage. This person will also be sent permit fee invoices. Include the date that the new Permittee will assume responsibility and liability for the permit coverage.

III. New On-Site Contact Person

If the permit contact of the new Permittee is different from the new Permittee, enter the contact's name, mailing address, phone number, and email address.

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 Nathan Lubliner at nathan.lubliner@ecy.wa.gov or 360-407-6563.

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6400. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

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Both the original Permittee and the new Permittee(s) must sign this form. Provide the date the new applicator will assume responsibility for permit coverage. Once both parties sign this form, the new Permittee becomes responsible for permit compliance and permit fees.

I. Original Permittee

Permit Number:		
Permittee's Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
Signature:		

II. New Permittee

Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
Email address:		
WSDA Aquatic Pesticide License Number:	Expires:	
Will assume responsibility and liability for coverage on:		
Signature:		

III. Permit Contact (if different from New Permittee above)

Name:		
Company:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	
Email address:		

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