Transfer Report Signature and Submittal Form **TRSS** This form is for the submission of emission reduction units (ERUs) by a facility covered by the Clean Air Rule. Mail a signed copy to: Washington State Department of Ecology DEPARTMENT OF Air Quality Program For Ecology Date **ECOLOGY** Clean Air Rule State of Washington Use Only Received: P.O. Box 47600 Reviewed Entered Verified Olympia, WA 98504-7600 Transfer Information Transfer ID **Facility Information** EPA GHGRP ID Name Physical Address City/State/Zip Signer Information Name Organization Mailing Address City/State/Zip Phone Number (Ext) **Email Address** Certification Statement - To be completed by the Designated Representative or **Alternate Designated Representative** I am authorized to make this transfer on behalf of the owners and operators of the facility listed above. I certify under penalty of law that the statements and information submitted to Ecology related to this transfer are true, accurate and complete. I am aware that there are significant penalties for submitting false statements and information or omitting

To request ADA accommodation, call 360-407-6800, 711 (relay service), or 877-833-6341 (TTY)

Date

required statements and information, including the possibility of fine or imprisonment.

Signature - Sign and date on the lines below

Signature