

# EPCRA Section 312: Exemption Notification for Tier Two Inventory Reporting

Community right-to-know number  
(12 digits, begins with CRK or WA):



Submit this exemption form if you are no longer required to submit a Tier Two report under the Emergency Planning & Community Right-to-Know Act (EPCRA) Section 312.

Email or mail this form to Ecology. Also send copies to your [Local Emergency Planning Committee](#)<sup>1</sup> (LEPC) and fire department.

**Email address:** [epcra@ecy.wa.gov](mailto:epcra@ecy.wa.gov)

**Mailing address:**

Community Right-to-Know Unit  
Department of Ecology  
PO Box 47659  
Olympia, WA 98504-7659

## Facility Details

**Facility name:**

**Physical address**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** WA **Zip code:** \_\_\_\_\_

**Mailing address (if different from physical address)**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

### ADA Accommodation Requests

To request an ADA accommodation, contact Ecology by phone at 360-407-6700 or email at [hwtrpubs@ecy.wa.gov](mailto:hwtrpubs@ecy.wa.gov), or visit [ecology.wa.gov/accessibility](http://ecology.wa.gov/accessibility). For Relay Service or TTY call 711 or 877-833-6341.

### Language Services

The Department of Ecology is committed to providing language services, including translation and interpretation, for people whose primary language is not English. To request these services, email [HWTRpubs@ecy.wa.gov](mailto:HWTRpubs@ecy.wa.gov) or call 360-407-6700. If you call, ask for an interpreter to be connected with one.

<sup>1</sup> <https://ecology.wa.gov/LEPCcontacts>

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Hazardous Waste and Toxics Reduction Program

I certify that I have determined that the above-named facility is no longer required to submit a Tier Two Inventory Report because:

Our business is still operating at this location, but we no longer store such materials—all chemicals or products have been removed.

Our business is still operating, and chemicals and products are still on site, but they are now below reporting thresholds. We will monitor our inventory and resume reporting if we meet or exceed the reporting threshold.

Our company ceased operations at this address as of \_\_\_\_\_.

Chemicals or products were removed.

Chemicals or products were left on site.

**Company name (if different):**

**New owner or operator contact name and title:**

**New owner or operator phone and email:**

A Tier Two Report was filed unnecessarily for previous year(s).

Other—please explain:

**Signature:**

**Date:**

**Printed or typed name:**

**Title:**