

Washington State Climate Commitment Act

CITSS Account Application with Attestations Form

Form ECY 070-684



Publication Information

This document is available on the Department of Ecology's website at:
<https://apps.ecology.wa.gov/publications/SummaryPages/ECY070684.html>

Contact Information

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CITSS Account Application with Attestations Form

Account Application Form #2

This form is provided as an example only. The Account Application with Attestations Form is generated in CITSS. Please download the completed form from CITSS after you submit your online entity account application. If you have not completed your entity account application in CITSS, go to <https://www.wci-citss.org>, log in to your user account, and select Account Registration in the left menu (see the [Entity Account Application Guide](#) for instructions). If you need help accessing your Account Application with Attestations Form in CITSS or have questions about registration, contact the Jurisdiction Registrar at RegistrarCCA@ecy.wa.gov

CITSS Entity ID: _____

This form shows the information you have entered to complete account application in CITSS and includes the attestation page for the Primary Account Representative (PAR), each Alternate Account Representative (AAR), and a Director or Officer of your Entity. You must submit the Account Application Checklist, the completed Account Application with Attestations Form, and the Corporate Associations and Structure Form to the Jurisdiction Registrar. See the instructions and contact information on the Account Application Checklist. The PAR, each AAR, and a Director or Officer of your Entity must sign this Account Application with Attestations Form. If the information provided is inaccurate or incomplete, or the Jurisdiction Registrar cannot verify receipt of all documents, the account application will be denied.

Upon review of the submitted materials, the Jurisdiction Registrar will send an email to the PAR and AARs registered in CITSS notifying them of approval, denial, or pending status of the account application. After receiving approval from the Jurisdiction Registrar, the PAR and AARs will be able to access the compliance instrument account(s).

SECTION 1.0 CITSS ACCOUNT APPLICATION INFORMATION

Entity Information

CITSS Entity ID: _____

Legal name: _____

Operating Name: _____

Jurisdiction: _____

Entity Type: _____

Entity Status: _____

Created by: _____

Date Created: _____

Entity Identification

Incorporation Province or State: _____

Incorporation Country: _____

Date of Incorporation: _____

Government Issued Taxpayer or
Employer Identification Number: _____

ID Number Assigned by
Incorporating Agency: _____

Washington Unified Business
Identifier Number (UBI)
(required, if applicable): _____

Physical Address

Address Line 1: _____
Address Line 2: _____
City: _____
Province or State: _____
Postcode or Zip Code: _____
Country: _____

Entity Contact Information

Telephone: _____
Telephone Extension: _____
Mobile Phone: _____
Facsimile Number: _____
Email Address: _____
Website Address: _____

Mailing Address

Address Line 1: _____
Address Line 2: _____
City: _____
Province or State: _____
Postcode or Zip Code: _____
Country: _____

Alternate Contact Person – Optional

Contact First Name: _____
Contact Last Name: _____
Contact Position: _____
Contact Telephone: _____
Contact Mobile Number: _____
Contact Email Address: _____

Account Representatives

Primary Account Representative: _____
Alternate Account Representative(s): _____
Alternate Account Representative(s): _____

Auction Information:

By selecting “Yes” under Auction Information, you agreed to have your entity name, entity contact information, account numbers, representative names, representative phone numbers, and representative email addresses transferred to the Auction Administrator and Financial Services Administrator for the purpose of facilitating your entity’s participation in any upcoming auctions. By selecting “No”, this information will not be shared with the Auction Administrator and Financial Services Administrator. Information will be shared with the Auction Administrator and Financial Services Administrator if an application to participate in an auction is submitted.

Yes, I agree to share my entity’s information with the Auction Administrator and the Financial Services Administrator for the purpose of facilitating participation in an upcoming auction.

No, do not share my entity’s information with the Auction and Reserve Sale Administrator and the Financial Services Administrator for the purpose of facilitating participation in an upcoming auction or reserve sale.

Facility Information

This section is used to identify the entities that are part of your CITSS account. Your entity will be responsible for managing the cap-and-invest compliance obligations for any facility listed below.

Facility Identification – Facility 1

Facility Legal Name: _____

Facility Operating Name: _____

EPA or WA GHG Reporting ID: _____

Facility Physical Address

Address Line 1: _____

Address Line 2: _____

City: _____

Province or State: _____

Postcode or Zip Code: _____

Country: _____

Facility Mailing Address

Address Line 1: _____

Address Line 2: _____

City: _____

Province or State: _____

Postcode or Zip Code: _____

Country: _____

Facility GHG Reporter Contact

Contact First Name: _____

Contact Last Name: _____

Contact Job Title: _____

Contact Phone Number: _____

Contact Mobile Number: _____

Contact Email Address: _____

Facility Identification – Facility 2

Facility Legal Name: _____

Facility Operating Name: _____

EPA or WA GHG Reporting ID: _____

Facility Physical Address

Address Line 1: _____

Address Line 2: _____

City: _____

Province or State: _____

Postcode or Zip Code: _____

Country: _____

Facility Mailing Address

Address Line 1: _____

Address Line 2: _____

City: _____

Province or State: _____

Postcode or Zip Code: _____

Country: _____

Facility GHG Reporter Contact

Contact First Name: _____

Contact Last Name: _____

Contact Job Title: _____

Contact Phone Number: _____

Contact Mobile Number: _____

Contact Email Address: _____

SECTION 2.0: ADDITIONAL REQUIRED INFORMATION

This section applies to covered and opt-in entity accounts. For this account application, have you designated a Primary Account Representative or at least one Alternate Account Representative with a primary address in Washington? This requirement does not apply to General Market Participant accounts. General Market Participants can select “not applicable.”

1. Yes, the Primary Account Representative or at least ONE Alternate Account Representative has a primary address in Washington.
2. No, none of the account representatives designated have a primary address in Washington.
3. Not applicable for General Market Participant accounts.

If you selected option 2, you must have a registered agent who resides in Washington or who has previously filed a foreign registration statement pursuant to RCW 23.95.510. See the Washington Secretary of State website for information on registered agents: <https://www.sos.wa.gov/corps/faq--registered-agents.aspx>. Identify your registered agent located in Washington by completing the additional information requested below. If you selected option 1, you do not need to identify a registered agent.

Name of Registered Agent: _____

Agent Address: _____

Agent City, State, Zip: _____

SECTION 3.0 PRIMARY ACCOUNT REPRESENTATIVE (PAR) ATTESTATION

CITSS Entity ID: _____

PAR Information: _____

Last Name: _____

First Name: _____

User Reference Code: _____

1. *I certify under penalty of perjury under the laws of the state of Washington that I am authorized to make this submission on behalf of the party that owns the compliance instruments held in the account. I certify under penalty of perjury under the laws of the state of Washington that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the state of Washington that the statements and information submitted to Ecology are true, accurate, and complete. I consent to the jurisdiction of Washington state, its courts, and the pollution control hearings board for purposes of enforcement of the laws, rules, and regulations pertaining to chapters 173-446 WAC and 70A.65 RCW. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.*

2. *I certify under penalty of perjury under the laws of the state of Washington that I was selected as the primary account representative or an alternate account representative, as applicable, by an agreement that is binding on all parties who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in chapters 70A.65 RCW and 173-446 WAC on behalf of such parties and that each such party shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by ecology or a court or the pollution control hearings board regarding the account.*

Print Name: _____

Date: _____

Employer Name: _____

Title: _____

Signature: _____

SECTION 4.0 ALTERNATE ACCOUNT REPRESENTATIVE (AAR) ATTESTATION

This section must be completed by each individual that has been designated as an alternate account representative.

Section 4.1 Alternate Account Representative (AAR) Attestation

CITSS Entity ID: _____
AAR Information: _____
Last Name: _____
First Name: _____
User Reference Code: _____

1. *I certify under penalty of perjury under the laws of the state of Washington that I am authorized to make this submission on behalf of the party that owns the compliance instruments held in the account. I certify under penalty of perjury under the laws of the state of Washington that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the state of Washington that the statements and information submitted to Ecology are true, accurate, and complete. I consent to the jurisdiction of Washington state, its courts, and the pollution control hearings board for purposes of enforcement of the laws, rules, and regulations pertaining to chapters 173-446 WAC and 70A.65 RCW. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.*

2. *I certify under penalty of perjury under the laws of the state of Washington that I was selected as the primary account representative or an alternate account representative, as applicable, by an agreement that is binding on all parties who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in chapters 70A.65 RCW and 173-446 WAC on behalf of such parties and that each such party shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by ecology or a court or the pollution control hearings board regarding the account.*

Print Name: _____
Date: _____
Employer Name: _____
Title: _____
Signature: _____

Section 4.2 Alternate Account Representative (AAR) Attestation

CITSS Entity ID: _____

AAR Information: _____

Last Name: _____

First Name: _____

User Reference Code: _____

1. *I certify under penalty of perjury under the laws of the state of Washington that I am authorized to make this submission on behalf of the party that owns the compliance instruments held in the account. I certify under penalty of perjury under the laws of the state of Washington that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the state of Washington that the statements and information submitted to Ecology are true, accurate, and complete. I consent to the jurisdiction of Washington state, its courts, and the pollution control hearings board for purposes of enforcement of the laws, rules, and regulations pertaining to chapters 173-446 WAC and 70A.65 RCW. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.*

2. *I certify under penalty of perjury under the laws of the state of Washington that I was selected as the primary account representative or an alternate account representative, as applicable, by an agreement that is binding on all parties who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in chapters 70A.65 RCW and 173-446 WAC on behalf of such parties and that each such party shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by ecology or a court or the pollution control hearings board regarding the account.*

Print Name: _____

Date: _____

Employer Name: _____

Title: _____

Signature: _____

SECTION 5.0: ENTITY DIRECTOR OR OFFICER ATTESTATION

CITSS Entity ID Number:

Please check the applicable box below.

- 1. I am applying for accounts for an organization.
- 2. I am applying for accounts for an individual account holder or natural person.

If you have selected option 1, please provide the name and signature of a Director or Officer for your organization below. If you selected option 2 above, you do not need to provide any additional information in this section.

I certify under penalty of perjury under the laws of the state of Washington that I am authorized to make this submission on behalf of the party that owns the compliance instruments held in the account. I certify under penalty of perjury under the laws of the state of Washington that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the state of Washington that the statements and information submitted to Ecology are true, accurate, and complete. I consent to the jurisdiction of Washington state, its courts, and the pollution control hearings board for purposes of enforcement of the laws, rules, and regulations pertaining to chapters 173-446 WAC and 70A.65 RCW. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

This section must be completed and signed by a Director or Officer for your organization.

Print Director or Officer Name: _____

Date: _____

Employer Name: Title: _____

Signature: _____