

Washington State Climate Commitment Act

# **CITSS Account Application with Attestations Form for Tribal Governments**

Form Number ECY 070-696



## Publication Information

This document is available on the Department of Ecology's website at:  
<https://apps.ecology.wa.gov/publications/summarypages/070696.html>

## Contact Information

### Air Quality Program

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## Language Services

The Department of Ecology offers free language services about our programs and services for people whose primary language is not English. We can provide information written in your preferred language and qualified interpreters over the telephone.

To request these services, or to learn more about what we can provide, contact Ecology by email at [melanie.forster@ecy.wa.gov](mailto:melanie.forster@ecy.wa.gov).

# CITSS Account Application with Attestations Form for Tribal Governments

CITSS Entity ID: \_\_\_\_\_

Complete this form using the information you entered to complete account registration in CITSS. The form includes attestations that must be signed by the Primary Account Representative (PAR), each Alternate Account Representative (AAR), and the Chair or a Tribal council member of the Tribal government.

Submit this completed Account Application with Attestations Form and the [Corporate Associations and Structure Form](#) to Ecology. See the instructions and contact information on the [Account Application Checklist](#). If the information provided is inaccurate or incomplete, or Ecology cannot verify receipt of all documents, the account application will be denied.

Upon review of the submitted materials, Ecology 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 Ecology, 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: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

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 *(only applicable for Opt-in Entities)***

This section is used to identify the facilities 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 GHG Reporter Contact**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 Identification – Facility 2**

Facility Legal Name:\_\_\_\_\_

Facility Operating Name:\_\_\_\_\_

EPA or WA GHG Reporting ID:\_\_\_\_\_

**Facility GHG Reporter Contact**

First Name:\_\_\_\_\_

Last Name:\_\_\_\_\_

Job Title:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Mobile Number:\_\_\_\_\_

Email Address:\_\_\_\_\_

**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:\_\_\_\_\_

## 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 User Reference Code:\_\_\_\_\_

PAR First Name:\_\_\_\_\_

PAR Last Name:\_\_\_\_\_

*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 tribal government 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. The tribal government on whose behalf I am authorized to make this submission has entered into a written agreement, negotiated on an individual basis between ecology and the tribal government, that establishes a dispute resolution process and/or other compliance mechanisms in order to ensure the enforceability of all program requirements applicable to the tribe in its role as an opt-in entity or a general market participant, as applicable. 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.*

Print Name:\_\_\_\_\_

Date:\_\_\_\_\_

Title:\_\_\_\_\_

Employer Name:\_\_\_\_\_

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 User Reference Code: \_\_\_\_\_

AAR First Name: \_\_\_\_\_

AAR Last Name: \_\_\_\_\_

*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 tribal government 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. The tribal government on whose behalf I am authorized to make this submission has entered into a written agreement, negotiated on an individual basis between ecology and the tribal government, that establishes a dispute resolution process and/or other compliance mechanisms in order to ensure the enforceability of all program requirements applicable to the tribe in its role as an opt-in entity or a general market participant, as applicable. 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.*

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section 4.2 Alternate Account Representative (AAR) Attestation**

CITSS Entity ID:\_\_\_\_\_

AAR User Reference Code:\_\_\_\_\_

AAR First Name:\_\_\_\_\_

AAR Last Name:\_\_\_\_\_

*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 tribal government 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. The tribal government on whose behalf I am authorized to make this submission has entered into a written agreement, negotiated on an individual basis between ecology and the tribal government, that establishes a dispute resolution process and/or other compliance mechanisms in order to ensure the enforceability of all program requirements applicable to the tribe in its role as an opt-in entity or a general market participant, as applicable. 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.*

Print Name:\_\_\_\_\_

Date:\_\_\_\_\_

Title:\_\_\_\_\_

Employer Name:\_\_\_\_\_

Signature:\_\_\_\_\_

**SECTION 5.0: CHAIR OR TRIBAL COUNCIL MEMBER ATTESTATION**

CITSS Entity ID Number: \_\_\_\_\_

Please provide the name and signature of the Chair or a Tribal council member of the Tribal government below.

*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 tribal government 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. The tribal government on whose behalf I am authorized to make this submission has entered into a written agreement, negotiated on an individual basis between ecology and the tribal government, that establishes a dispute resolution process and/or other compliance mechanisms in order to ensure the enforceability of all program requirements applicable to the tribe in its role as an opt-in entity or a general market participant, as applicable. 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.*

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_