

AFP Administrator Designation Form

Instructions: Please complete this form to authorize an AFP account administrator for your company. A designated account administrator has the ability to create and manage additional user accounts within the company, and to submit information and data for alternative fuel production facilities for fuel pathway evaluation and certification. This document must be signed by two (2) designated signatories and uploaded to the CFS Alternative Fuel Portal (AFP) during initial account registration. Only Owners, Officers or Managing Partners having authority to legally bind the company should complete and sign this form.

Designated Account Administrator

Print Name: _____ Title: _____

Signature: _____ Date: _____

Affiliate Company (if different than below): _____

Owner/Officer/Managing Partner*

By signing below, I authorize the designated Account Administrator to create and manage user accounts, and to submit documents through the AFP for all CFS registered facilities on behalf of the company named below.

Fuel Production Company Legal Name: _____

U.S. EPA 4-Digit Company ID (if any): _____

Company Address: _____

City: _____

State or Province: _____

Zip or Postal Code: _____

Country: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

*Only Owners, Managing Partners, or Officers responsible for the organization/company's fuel production or supply facilities and having authority to legally bind the organization/company should complete and sign this form.

To request an ADA accommodation, contact Ecology by phone at 360-407-6831 or email at ecyADAcoordinator@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.