Washington State
**Department of Ecology**
Spill Prevention, Preparedness, and Response Program
P.O. Box 47600, Olympia, WA 98504-7600
Office Phone: (360) 407-7455
Fax: (360) 407-7288 or toll free 1-800-664-9184

# Proof of Financial Responsibility chapter 173-187 WAC

## Attestation Form

I, am the owner, operator, or authorized representative of the owner or operator*, and have the authority to sign this application on behalf of the owner or operator. I DECLARE under penalty of perjury that I have examined this application, including all accompanying schedules statements, and forms and to the best of my knowledge, information, and belief, find it to be true, correct, and complete. Furthermore, it is agreed that the owner or operator named in the application is the responsible party in the event of an oil spill.

I acknowledge that I must notify Ecology of a significant change that affects the company's proof of financial responsibility within seven calendar days after becoming aware of such change. Significant changes include, but are not limited to:

- a change in ownership or operational control;
- a method of demonstrating financial responsibility will be terminated or any coverage thereunder will cease;
- the financial responsibility coverage amount must be changed or adjusted.

I acknowledge that I must notify Ecology of a spill in Washington or in another jurisdiction for which it may be liable and which may incur damages that exceed 15 percent of the financial resources reflected by the Washington COFR within 10 calendar days.

I execute this declaration in my capacity as the owner, operator, or authorized representative of the owner or operator, as evidenced by the delegation of authority, provided below.



*To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6831 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.*

Signature of owner or operator

Date

Print Name

Title

*If this Attestation Form is signed by an authorized representative of the owner or operator, the owner or operator must complete and sign the Delegation of Authority Form.

**Submitting Party Information**

| | |
|---|---|
| Company Name: | |
| Contact Name: | |
| Address: | |
| Phone Number: | Fax Number: |
| Email: | Website: |

**Responsible Party Information**

| | |
|---|---|
| Company Name: | |
| Contact Name: | |
| Address: | |
| Phone Number: | Fax Number: |
| Email: | Website: |



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