



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 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.

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:

Additional Submitting Party Information (If Needed)

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