



## Modification of Permit Coverage Form

### Aquatic Pesticide General Permits

Complete this form to update contact information, change timing windows, treatment areas or waterbodies. See section 3.C on page 2 for other types of permit changes.

#### 1. General Permit Information

**Type of Modification:** ☐ Updating Contact Information Only ☐ Modifying Coverage

**Permit Type:** (check one below)

**COVERAGE NUMBER:**

☐ Aquatic Plant & Algae Management (APAM)

☐ Aquatic Mosquito Control (AMC)

☐ Aquatic & Invasive Species Control (AISC)

☐ Zostera Japonica Eelgrass (ZJ)

☐ Other:

#### 2. Contact Information

**A. Update Permittee Information** ☐ Yes ☐ No (check one, permit correspondence will be sent here)

Contact Name:

Permittee Mailing Address or P.O. Box:

Company Name: (see section 3.C to transfer coverage)

City:

Phone Number:

State:

Zip + 4:

Email Address:

**B. Update Pesticide Applicator Information** ☐ Yes ☐ No (check one)

Applicator's Name:

Applicator Mailing Address or P.O. Box:

Company Name:

City:

Phone Number:

State:

Zip + 4:

Email Address:

Expiration Date:

License Number:

**C. Update Sponsor Information** ☐ Yes ☐ No (check one)

Sponsor's Name:

Sponsor Mailing Address or P.O. Box:

Company Name:

City:

Phone Number:

State:

Zip + 4:

Email Address:

**D. Any other contact information changes you'd like to provide:**

### 3. Coverage Modifications

#### A. Type of Coverage Modification (check all that apply)

- ☐ Adding/Removing Areas or Waterbody(ies)      ☐ Expanding Treatment Area(s)
- ☐ Treatment Timing Window Changes (see below for additional information)
- ☐ Other

Please describe the modifications you are making:

#### B. Waterbodies and Treatment Areas

If applicable, provide details of the treatment areas or waterbodies you are adding or expanding:

Waterbody Name	Latitude	Longitude	Description of Changes

Provide updated copies of treatment area maps, in addition to this form, if you are making changes to treatment areas or adding waterbodies to an existing permit coverage.

#### C. Other Types of Permit Coverage Changes

##### Treatment timing window modifications.

Permittees may request a modified treatment timing window by going to the [Aquatic Plant and Algae Management permit web page](#)<sup>1</sup>, scrolling to the box marked “WDFW treatment timing windows & requesting a change” and following the instructions provided. Once a treatment timing window modification has been approved, public notification is required. Please see sections 4 and 5 of this document for more information.

[Transfer of coverage form](#)<sup>2</sup>, to transfer coverage from one permittee to another. This permit modification form cannot be used to transfer coverage, only to update contact information for the existing permittee.

[Notice of termination form](#)<sup>3</sup>, to cancel permit coverage and end annual fees. (Submit by June 30)

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<sup>1</sup> <https://ecology.wa.gov/regulations-permits/permits-certifications/aquatic-pesticide-permits/aquatic-plant-algae-management>

<sup>2</sup> <https://apps.ecology.wa.gov/publications/SummaryPages/ECY070348.html>

<sup>3</sup> <https://apps.ecology.wa.gov/publications/SummaryPages/ECY100300.html>

## 4. Public Notification

If you are only updating contact information or removing a treatment area, you do not need to publish a new public notice.

Operations that are expanding a treatment area, modifying a treatment timing window, or adding a waterbody to an existing permit coverage must publish a new public notice. These must be published at least once a week for two consecutive weeks, with seven days in between publications, in a single newspaper of general circulation in the county in which the waterbody is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the second public notice.

Submit this form to Ecology on or **before** the date of the first public notice. If you email the form to Ecology, you must also send a signed hard copy by mail to the address below.

Date of the first public notice:

Date of second public notice: (Begins 30-day public comment period)

**Examples:** Date of the first public notice: 01 / 01 / 2010  
Date of second public notice: 01 / 08 / 2010

Name of the newspaper that will publish the public notices:

Complete this template using site-specific information as required by WAC 173-226-130. The **bold** language must be included in its entirety. (Either use the template below or attach on a separate sheet of paper, if necessary.)

(Enter name of applicant), (Enter address of applicant)  
**is seeking modification of coverage under the Washington Department of Ecology**  
(Enter name of permit) **General Permit for the waterbody known as**  
(Enter waterbody name) **located in** (Enter name of county or nearest city)

**Activities requiring permit modification include** (Briefly describe the modification (expanding a treatment area, changing the treatment timing window, adding a waterbody, etc).

**Any person desiring to present their views to the Department of Ecology regarding this application may do so in writing within thirty days of the last date of publication of this notice. Comments shall be submitted to the Department of Ecology. Any person interested in the Department's action on this application may notify the Department of their interest within thirty days of the last date of publication of this notice. Comments may be emailed to [aquaticpesticideperm@ecy.wa.gov](mailto:aquaticpesticideperm@ecy.wa.gov) or mailed to:**

**Washington Dept of Ecology  
Water Quality Program  
ATTN: Aquatic Pesticide Permit Manager  
PO Box 47696  
Olympia, WA 98504-7696**

**5. Certification of Permittee\*** “I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

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Printed Name/Company

Title

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Signature

Date

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**\*Federal regulations require this application is signed by one of the following:**

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600 or visit [Department of Ecology's Accessibility & the Americans with Disabilities Act \(ADA\) Webpage](#)<sup>4</sup>. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TYY at 877-833-6341.

Please sign and email a copy of the completed form and attachments to [aquaticpesticideperm@ecy.wa.gov](mailto:aquaticpesticideperm@ecy.wa.gov), then mail this **ORIGINAL** document to the following address:

Department of Ecology  
Water Quality Program  
ATTN: Aquatic Pesticide Permit Manager  
PO Box 47696  
Olympia, WA 98504-7696

If you have questions, please review the [Aquatic Pesticide permits - Washington State Department of Ecology](#)<sup>5</sup> for further information, or contact the general permit administrator at [aquaticpesticideperm@ecy.wa.gov](mailto:aquaticpesticideperm@ecy.wa.gov)

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<sup>4</sup> <https://ecology.wa.gov/about-us/accessibility-equity/accessibility>

<sup>5</sup> <https://ecology.wa.gov/Regulations-Permits/Permits-certifications/Aquatic-pesticide-permits>