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| **Washington Greenhouse Gas Reporting Program:**  **Facility Report Signature and Submittal Form** | | | | | FRSS |
| ECOLOGO-BW08.jpg | Washington State Department of Ecology Greenhouse Gas Reporting Program  Air Quality Program  P.O. Box 47600  Olympia, WA 98504-7600 | | | |  |  |  |  | | --- | --- | --- | --- | | For Ecology Use Only | | Date Received: |  | | Form | Reviewed | Entered | Verified | | Site ID |  |  |  | | |
| [ghgreporting@ecy.wa.gov](mailto:ghgreporting@ecy.wa.gov)  (360)-407-6811  Web site: <http://www.ecy.wa.gov/programs/air/permit_register/ghg/ghg.html>  See the second page of this form for instructions. | | | | |
| **1. Report Information – Enter the information below** | | | | | |
| EPA GHGRP Id | |  | | | |
| XML Report Submittal ID | |  | | | |
| Reporting Year | |  | | | |
| **2. Facility Information – Enter the information below** | | | | | |
| Name | |  | | | |
| Physical Address | |  | | | |
| City/State/Zip | |  | | | |
| **3. Signer Information – Enter the information below** | | | | | |
| Name | |  | | | |
| Organization | |  | | | |
| Mailing Address | |  | | | |
| City/State/Zip | |  | | | |
| Phone Number (Ext) | |  | | | |
| Email Address | |  | | | |
| **4. Petition to Use Updated EPA Calculation Methods** | | | | | |
| I petition Ecology under WAC 173-441-140 to use the updated EPA calculation methods from all relevant Subparts C-UU of 40 C.F.R. Part 98 as adopted by the signature date below to generate and submit my GHG report for this reporting year. I understand that updated calculation methods are necessary in order to comply with RCW 70.94.151(5)(c) and to use EPA’s Electronic Greenhouse Gas Reporting Tool. I also understand that nothing in this petition alters the deadlines, applicability, or other general requirements established under WAC 173-441 and RCW 70.94.151. | | | | | |
| **5 .Certification Statement** | | | | | |
| I am authorized to make this submission on behalf of the owners and operators of the facility listed above, for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document, electronic submissions, and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. 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. | | | | | |
| **6. Signature (sign and date on the lines below)** | | | | | |
|  | | |  |  | |
|  | | |  |  | |
|  |
| Signature | | |  | Date | |
|  | | | | | |
| *To request ADA accommodation, call 360-407-6800, 711 (relay service), or 877-833-6341 (TTY).* | | | | | |

**Instructions**

Complete this form by typing, then printing; or by printing, then writing legibly in blue or black ink. Then mail it to the following address by the reporting deadline for your facility. Attach additional sheets if more space is needed.

Washington State Department of Ecology

Greenhouse Gas Reporting Program

Air Quality Program

P.O. Box 47600

Olympia, WA 98504-7600

Facilities required to report GHG emissions to both Ecology and EPA must submit their reports by **March 31** of the following year. Facilities that report only to Ecology must submit their reports by **October 31** of the following year.

Contact Ecology at [ghgreporting@ecy.wa.gov](mailto:ghgreporting@ecy.wa.gov) or (360)-407-6811 if you have questions.

|  |  |
| --- | --- |
| **1. Report Information** | |
| EPA GHGRP Id | Facility ID number assigned by EPA’s e-GGRT.  It is visible in e-GGRT and in your xml file. |
| XML Report Submittal ID | This number is displayed in Ecology’s eGGR tool after uploading an xml file. After upload, the number is in green on the page. The number starts with the prefix “GHG.” |
| Reporting Year | The calendar year in which the emissions occurred. |
| **2. Facility Information** | |
| Name | Facility name. |
| Physical Address | Facility physical address. |
| City/State/Zip |
| **3. Signer Information** | |
| Name | Individual signing this form. This person must have also submitted a [Certificate of Representation](https://fortress.wa.gov/ecy/publications/SummaryPages/ECY070501.html) for this facility. |
| Organization | Signer’s employer. |
| Mailing Address | Signer’s address.  It will be used for correspondence and billing. |
| City/State/Zip |
| Phone Number (Ext.) | Signer’s phone number. Optionally, you can also list fax number. |
| Email Address | Signer’s email address. |
| **4. Petition to Use Updated EPA Calculation Methods** | |
| Petition | Read the petition to use updated EPA calculation methods. |
| **5 .Certification Statement** | |
| Certification Statement | Read the certification statement. |
| **6. Signature** | |
| Signature | Sign the form. |
| Date | Date form was signed. |