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| **Washington Greenhouse Gas Reporting Program: Transportation Fuel Supplier Report Signature and Submittal Form** | SRSS |
| ECOLOGO-BW08.jpg | Washington State Department of EcologyGreenhouse Gas Reporting ProgramAir Quality ProgramP.O. Box 47600Olympia, WA 98504-7600 |

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| For Ecology Use Only | Date Received: |  |
| Form | Reviewed | Entered | Verified |
| Site ID |  |  |  |

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| ghgreporting@ecy.wa.gov(360)-407-6811Web site: <http://www.ecy.wa.gov/programs/air/permit_register/ghg/GHG_transp.html> See the second page of this form for instructions. |
| **1. Report Information – Enter the information below** |
| WA DOL Fuel Tax License ID |  |
| Reporting Year |  |
| Aggregate CO2 (MT) (including nonbiogenic and biogenic CO2) |  |
| Aggregate Biogenic CO2 (MT) |  |
| **2. Supplier Information – Enter the information below** |
| Name |  |
| Address |  |
| City/State/Zip |  |
| NAICS Code(s) |  |
| **3. Signer Information – Enter the information below** |
| Name |  |
| Organization |  |
| Mailing Address |  |
| City/State/Zip |  |
| Phone Number (Ext) |  |
| Email Address |  |
| **4. Parent Company(s) – Enter the information below** |
|  | **Parent Company 1** | **Parent Company 2** | **Parent Company 3** |
| Name |  |  |  |
| Address |  |  |  |
| City/State/Zip |  |  |  |
| Percent Ownership |  |  |  |
| **5 .Certification Statement** |
| I am authorized to make this submission on behalf of the owners and operators of the supplier 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. 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

Transportation fuel suppliers must submit their reports by **October 31** of the following year.

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

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| **1. Report Information** |
| WA DOL Fuel Tax License ID | Your license number can be found here: <http://www.dol.wa.gov/about/ftactivelists.html>  |
| Reporting Year: | The calendar year in which the fuel was supplied. |
| Aggregate CO2 (MT)(including nonbiogenic and biogenic CO2) | Your total emissions for the license for the year. Calculate using the [Transportation Fuel Supplier Calculation Tool](http://198.238.211.77:8004/programs/air/permit_register/ghg/PDFs/Transportation_Fuel%20Supplier_Screening_Tool_07-30-2013.xlsx). |
| Aggregate Biogenic CO2 (MT) | Your total emissions from ethanol and biodiesel for the license for the year. Calculate using the [Transportation Fuel Supplier Calculation Tool](http://198.238.211.77:8004/programs/air/permit_register/ghg/PDFs/Transportation_Fuel%20Supplier_Screening_Tool_07-30-2013.xlsx). |
| **2. Supplier Information** |
| Name | Company name on your DOL license. |
| Address | Address on your DOL license. |
| City/State/Zip |
| NAICS Code(s) | All NAICS code(s) that apply to the supplier, beginning with the primary NAICS code. <http://www.census.gov/eos/www/naics/>  |
| **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 supplier. |
| 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. Parent Company(s)** |
| Name | Highest-level United States parent company(s) of the supplier. List as many as applicable. |
| Address | Parent company’s physical address. |
| City/State/Zip |
| Percent Ownership | Percentage of ownership interest for each listed parent company as of December 31 of the reporting year. |
| **5 .Certification Statement** |
| Certification Statement | Read the certification statement. |
| **6. Signature** |
| Signature | Sign the form.  |
| Date | Date form was signed. |