



Transfer of Coverage Form

Vessel Deconstruction General Permit

Use this form to transfer permit coverage for vessel deconstruction activities to a new operator

For Your Information

Permit transfers are effective on the date specified below (unless Ecology notifies the current permittee and new permittee of its intention not to grant the transfer, revokes coverage under the General Permit, or if this form is incomplete). If no date for the transfer of coverage is specified, Ecology will use the date of the last signature.

Following the transfer, the new permittee must either: (1) use the Deconstruction and Site Management Plan, Solid Waste Disposal Plan, and hazardous materials testing results developed by the original permittee, and modified as necessary, or (2) develop and use new plans / testing results that meet the requirements of the Vessel Deconstruction General Permit.

By completing this form, the new permittee will adopt any special provisions made to protect water quality for sites that discharge to an impaired waterbody.

The new permittee must continue to submit monthly discharge monitoring reports using Ecology's WQWebDMR system. To sign up for WQWebDMR go to: <http://www.ecy.wa.gov/programs/wq/permits/paris/webdmr.html>. To have the ability to use the system immediately, you must submit the Electronic Signature Agreement with your transfer of coverage form. If you have questions regarding this process, contact Ecology's Water Quality Permitting Portal staff at (800) 633-6193/option 3 or email WQWebPortal@ecy.wa.gov.

Permit Information

Permit Number (e.g. WAG000003):	Vessel / Project Name:
Specific date that permit responsibility, coverage, and liability was or will be transferred to new operator:	
Will any of the deconstruction activities change? <input type="checkbox"/> No <input type="checkbox"/> Yes* If yes, explain	
Will any of the location of any of the deconstruction activities change? <input type="checkbox"/> No <input type="checkbox"/> Yes* If yes, explain	
*If the deconstruction activities or locations substantially change then the new operator must submit a modified Notice of Intent Application Form (ECY 070-520) with this Notice of Transfer of Coverage.	

Current Operator/Permittee Information

Current Operator/Permittee Name:	Company:	
Signature	Title:	
Date:		
Mailing Address:		
City:	State:	Zip:
Business Phone: _____ Ext. _____ Fax (Optional): _____.		
E-mail: _____ Cell Phone (Optional): _____.		

New Operator/Permittee Information

New Operator / Permittee (Party with operational control over plans and specifications or day-to-day operational control of activities which ensure compliance with the Deconstruction and Site Management Plan and permit conditions. Ecology will send correspondence and permit fee invoices to the permittee on record)			
Name :		Company:	
Business Phone: _____ Ext. _____ Cell Phone (Optional): _____ Fax (Optional): _____ E-mail: _____		Unified Business Identifier (UBI): 9-digit number provided by Dept. of Revenue to business owners. Individuals without a UBI, enter "none."	
Mailing address:		City:	State: Zip + 4:
On-Site Contact Person (Typically the Qualified Marine Professional or Operator/Permittee)			
Name:		Company:	
Mailing address:		City:	State: Zip + 4:
Business Phone: _____ Ext. _____		Fax (Optional): _____	
E-mail: _____		Cell Phone (Optional): _____	

Before signing, please use the following checklist to ensure this form is complete:

- All spaces on this form have been completed (attach additional sheets if necessary).
- The transfer form is signed* by both the current permittee *and* the new permittee(s).
 * **Federal regulations require this application is signed by one of the following:**
 - A. For a corporation: by a principal executive officer of at least the level of vice president;
 - B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively or
 - C. For a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.
- New Operator/Permittee: Before you submit this form to Ecology, please retain a copy for your records – this will serve as proof of permit coverage until documentation arrives from Ecology.

Certification of New Permittee	
<i>"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."</i>	
Printed Name/ Company	Title
Signature	Date

Please sign and return this original document to the following address and retain a copy for your records:

Department of Ecology
Vessel Deconstruction Permit Manager
PO Box 47600
Olympia, WA 98504-7600

Questions?

Contact Josh Klimek at (360) 407-7451 or josh.klimek@ecy.wa.gov.

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with a speech disability may call 877-833-6341.