

<h1 style="margin: 0;">Washington Greenhouse Gas Reporting Program: Transportation Fuel Supplier Report Signature and Submittal Form</h1>	<h2 style="margin: 0;">SRSS</h2>
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DEPARTMENT OF
ECOLOGY
State of Washington

Washington State Department of Ecology
Greenhouse Gas Reporting Program
Air Quality Program
P.O. Box 47600
Olympia, WA 98504-7600

ghgreporting@ecy.wa.gov
(360)-407-6811
Web site: http://www.ecy.wa.gov/programs/air/permit_register/ghg/GHG_transp.html
See the second page of this form for instructions.

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

1. Report Information – Enter the information below

WA DOL Fuel Tax License ID	
Reporting Year	
Aggregate CO ₂ (MT) (including nonbiogenic and biogenic CO ₂)	
Aggregate Biogenic CO ₂ (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)

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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.

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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.

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 CO ₂ (MT) (including nonbiogenic and biogenic CO ₂)	Your total emissions for the license for the year. Calculate using the Transportation Fuel Supplier Calculation Tool .
Aggregate Biogenic CO ₂ (MT)	Your total emissions from ethanol and biodiesel for the license for the year. Calculate using the Transportation Fuel Supplier Calculation Tool .
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 for this supplier.
Organization	Signer's employer.
Mailing Address	Signer's address.
City/State/Zip	It will be used for correspondence and billing.
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.