

NOTICE OF TERMINATION FORM Vessel Deconstruction General Permit

Please print or type all sections of this application. All fields are required unless otherwise marked.

I. Permit Number:				
II. Operator/Permittee (Party with operational control over plans and specifications or day-to-day operational control of activities, which ensure compliance with Deconstruction and Site Management Plan (DSMP) and permit conditions. Ecology will send correspondence and permit fee invoices to the permittee on record.)				
Name:		Company:		
Business Phone:	Ext.	Unified Business Identifier (UBI): <i>(UBI is a nine-digit number used to identify a business entity. Write "none" if you do not have a UBI number.)</i>		
Cell Phone (Optional):	Fax (Optional):			
E-mail:				
Mailing Address:		City:	State:	Zip + 4:
III. On-site Contact Person (Typically the Qualified Marine Professional or Operator/Permittee)				
Name:		Company:		
Business Phone:	Ext.	Mailing Address:		
Cell Phone (Optional)	Fax (Optional):			
E-mail:				
		City:	State:	Zip + 4:
IV. <input type="checkbox"/> Permit Coverage is Inactive and Eligible for Termination				
V. Certification of Permittees				
<p><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></p>				
/				
Printed Name / Company (operator/permittee only)		Title		
_____		_____		
Signature of Operator/Permittee*		Date		
<p>* The permit requires this application is signed by one of the following:</p> <p>A. For a corporation: By a principal executive officer</p> <p>B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively</p> <p>C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official</p>				
<p>Please sign and return this document to the following address:</p> <p style="text-align: center;">Washington Department of Ecology Water Quality Program – Vessel Deconstruction PO Box 47696 Olympia, WA 98504-7696</p>				

To request materials in a format for the visually impaired, visit <https://ecology.wa.gov/accessibility>, or call Ecology's ADA Coordinator at 360-407-6831, Relay Service 711, or TTY 877-833-6341.