

**Certification for Safe Transport of Refrigeration Equipment**

**Form 4500-130**

Revised 12-07, Page 1 of 2

**DNR Facility ID#:** \_\_\_\_\_

**NOTICE:** This form is authorized by Section 285.59, Wis. Stats., and Chapter NR 488, Wis. Adm. Code. Completion of this form is mandatory. Penalties for not submitting this form range from \$100 to \$1000. Personally identifiable information included on this form may be used for verification with other state agencies or programs and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**A. INSTRUCTIONS:** Complete this certification if your operation transports refrigeration or air-conditioning equipment that may contain regulated refrigerants (CFCs, HCFCs, HFCs or PFCs) and is destined for salvaging or dismantling. Individuals transporting their own personal equipment or transporting salvaged vehicles in a manner which will not interfere with the refrigeration or air-conditioning equipment are exempt from this certification. If your operation is currently licensed by the DNR to transport solid waste under ch. NR 500-520, Wis. Adm. Code, enter your license number.

Sign Form in Section B and submit fee as determined in Section D. Your facility must also submit *Form 9400-568, Social Security Number/FEIN Collection Request*, and must not be delinquent on state taxes to qualify for this certification.

PLEASE TYPE OR PRINT CLEARLY. Incomplete, unsigned or illegible forms will be returned.

Name of Business or Governmental Agency:		Phone:
Facility Address:	City:	Zip Code:
Name of Contact Person:	Title:	County:
Contact Person Address (if different and needed for mail delivery):		Contact phone (if different):

**B. CERTIFICATION STATEMENT:** An authorized person must read and sign below.

The undersigned certifies that this is a true, complete and accurate statement for safe transport certification pursuant to s. 285.59, Wis. Stats. and ch. NR 488, Wis. Adm. Code. I hereby certify that no regulated refrigerants will be knowingly or negligently released to the environment during the transport of any equipment for salvaging or dismantling except for minimal releases which occur as a result of refrigerant recovery efforts.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date Signed

**NOTE** – You will receive a receipt for this certification and fees. The receipt must be retained at your office or facility. A copy of the receipt must be placed in each vehicle used for safe transport, and must be presented to Department of Natural Resources personnel on request [s. NR 488.06(3), Wis. Adm. Code]. This certification must be renewed annually if you continue safe transport activities. You will be sent a renewal form prior to the expiration date.

FOR WI DNR USE ONLY	
Facility ID Number: _____	Date Received: _____
Last Registered Date: _____	Date Approved: _____
Fee Paid: \$ _____	Expiration Date: _____
Region: _____	Date Processed: _____



**Notice:** Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
  - under s. 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
  - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
  - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
  - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

**Purpose:** The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at <http://www.legis.state.wi.us/rsb/> or
- If you do not have internet access, call (608) 266-2011.

**Instructions**

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any **personal** license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

**Applicant Information**

Last Name	First	MI	Telephone Number	SSN For Individual
Business			Business Telephone Number	FEIN For Business
Address		City	State	ZIP Code

**Certification**

I certify that information provided on this form is true and correct.

Applicant Signature	Date Signed
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**DNR Use Only**

License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number
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