**Return Completed Form with attachments to:**
Wisconsin Department of Natural Resources
PECFA - Remediation and Redevelopment Program
PO Box 8044
Madison, WI 53708-8044
Fax: 608-267-7646
dnr.wi.gov/topic/Brownfields/

# PECFA - Agent Assignment Certification Scope of Work Application

Form 4400-292 (7/13)

**Notice**: Pursuant s. SPS 347.10, Wis. Adm. Code, this form must be completed to request that a consultant to act as agent to take charge of and complete a specified scope of work for the environmental response actions at a site. The agent will be responsible for paying for the actions and submitting the claim for the approved scope of work under the PECFA program. When this form must be completed in its entirety, signed and notarized, submit to the address in the upper left corner. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin Open Records Laws (ss. 19.31-19.39, Wis. Stats.).

**PECFA Number:** __ __ __ __ __ - __ __ __ __ - __ __ **BRRTS Number:** __ __ - __ __ - __ __ __ __ __ __

## Section 1: Background Information

### Claimant's Information

| Last Name | First | MI | Phone # (incl. area code) |
|---|---|---|---|
| | | | |

| Address | City | State | ZIP Code |
|---|---|---|---|
| | | | |

Claimant is:
◯ Owner ◯ Operator ◯ Other, specify _____

### Remedial Action Site Location

| Remedial Action Site Name (if business) | Site Phone # (incl. area code) |
|---|---|
| | |

| Remedial Action Site Address (no PO boxes) | City | State | ZIP Code |
|---|---|---|---|
| | | | |

### Agent Information

| Agent Last Name | First | MI | Agent Phone # (incl. area code) |
|---|---|---|---|
| | | | |

| Address | City | State | ZIP Code |
|---|---|---|---|
| | | | |

| Agent's Company Name | Company Phone # (incl. area code) |
|---|---|
| | |

| Company Address | City | State | ZIP Code |
|---|---|---|---|
| | | | |

## Section 2: Assignment

s. SPS 347: An owner or operator or the person owning a home oil tank system may, with the written approval of the Department, enter into a written agreement with a PECFA registered consultant to act as an agent**. The consultant as agent, in order to receive payment under the fund, must be pre-approved by the Department of Natural Resources and shall agree to complete the scope of work.** The agent and the owner, operator, or person owning the home oil tank system shall jointly submit a claim for an award after completing all applicable requirements under this chapter. An award made shall be made payable to both the agent and owner, operator or person owning the home oil tank system.

I, _____ (*claimant*), assigned to

_____ (*agent*) the right to act as my agent and to submit a claim on my behalf, for the

purposes of a petroleum storage remedial action award under s. 101.143, Wis. Stats., for eligible costs of remedial action activities

at_____ (*remedial action site*) in response to the petroleum product

discharge that was reported in accordance with ss. 101.143 (3) (a) 5 and 292.11, Wis. Stats., to the Department of Natural Resources

on_____(*date reported*).

## Section 3: Certification

**In the event I am unable or unavailable to sign the award check, I authorize my agent to sign and accept award without my signature for deposit at their lending institution.**

An assignment of an agent for the purpose of submitting a claim under s. 101.143, Wis. Stats., does not constitute an assignment of a claimant's liability under s. 292.11, Wis. Stats., or of a claimant's liability under any other local, state or federal law.

☐ I certify that the information provided above is true and correct.

| Claimant's Signature | Date Signed |
|---|---|
| | |

**Make a copy for your records**

State of Wisconsin )
) ss.
County of _____ )

Subscribed and sworn to before me on _____( *date)* by

_____ *(person making statement)*

_____ _____
*Notary Public Signature* *Commission Expires*