State of Wisconsin
Department of Natural Resources
P.O. Box 7921, Madison WI 53707-7921
http://greentier.wi.gov

# Green Tier Application

Form 4800-022 (Rev. 3/06)


**Notice**: Collection of this information is authorized under s. 299.83 Wis. Stat. Participation in Green Tier and completion of this form are voluntary. Personal information collected on this form, including such data as your name, address, phone number, etc., will be used in the implementation of Green Tier and will be made broadly available under the Green Tier program. Information will also be made accessible to requesters under Wisconsin's Public Records Law (ss. 19.32 – 19.39, Wis. Stats.). If you need to request confidential treatment of any information in order to protect a trade secret, please contact a DNR representative *prior* to submitting this form. Applications must be considered complete by the DNR in order to be processed. For complete application instructions, see "Green Tier Application Instructions," publication number CO-501.

**This application is for... (*check one*):** ☒ **Tier 1** ☐ **Tier 2 (attach Letter of Intent to this form)**

## I. Applicant Information

| Contact Name | Title | | |
|---|---|---|---|
| Jill Ellestad | Safety, Health, & Environmental Specialist | | |
| **Street Address** | **City** | **State** | **ZIP Code** |
| 1201 Hanley Road | Hudson | WI | 54016 |
| **Telephone Number** | **Fax Number** | **E-mail Address** | |
| 715-246-8738 | 715-246-7080 | jill.ellestad@phillipsmedisize.com | |

## II. Facility Information

| Facility Name | | County | |
|---|---|---|---|
| Design & Development Center | | St Croix | |
| **Street Address** | **City** | **State** | **ZIP Code** |
| 1201 Hanley Road | Hudson | WI | 54016 |
| **Mailing Address** | **City** | **State** | **ZIP Code** |
| 1201 Hanley Road | Hudson | WI | 54016 |

Please provide all DNR Facility Identification numbers (FID #) that apply to the covered facility or activity.

## III. Scope of Green Tier Participation (*check one*)

☒ This application covers all activities at the facility listed in Section II.

☐ This application covers all activities at more than one facility. For each facility to be covered under this application provide the information from Section II on a separate page labeled **Attachment 1**.

☐ This application **does not** cover all activities at every covered facility. Please describe the exact scope of activities and facilities to be covered in the program on a separate page labeled **Attachment 1**.

## IV. Environmental Performance

Please provide the following information on a separate page labeled **Attachment 2**. Refer to the *Application Instructions* for definitions of environmental performance and superior environmental performance.

**Tier 1 Applicants:**

- Describe your past and current environmental performance with respect to each covered facility or activity included in this application. Within this attachment establish a baseline date against which future progress can be measured.
- Describe your future plans for enhancing the environment with respect to the same facilities/activities.

**Tier 2 Applicants:**

- Provide information demonstrating your record of superior environmental performance. Within this attachment establish a baseline date against which future progress can be measured.
- Describe the measures you propose to take to maintain and improve your superior environmental performance.

## V. Environmental Management System (EMS)

a. Have you implemented an EMS that is certified to the ISO 14001 standard? Yes (No) (*circle one*)
b. Have you implemented an EMS that is functionally equivalent to ISO 14001? Yes (No) (*circle one*)

**If you circled "No" for both questions**, you are not eligible for Tier 2. Please proceed to Section VI only if you are applying for Tier 1.

**If you circled "Yes" for either question**, please provide a copy of the following documents labeled as **Attachment 3**:

- Proof of ISO 14001 certification OR functional equivalence (refer to *Application Instructions* for details)
- Environmental policy statement and scope statement
- Documented objectives and targets for the covered facilities/activities

## VI. Public Notice/Stakeholder Identification

Please provide in a separate document labeled **Attachment 4** a list of stakeholders whom you know or expect will have a strong interest in your Green Tier application, as well as contact information for those stakeholders. This information will help DNR expedite the processing of your application. Tier 2 applicants must provide additional information about stakeholder involvement in a Letter of Intent. Refer to *Application Instructions* for details.

## VII. Enforcement Record

Please review the Enforcement Record requirements described in the *Application Instructions* very carefully, and then check the appropriate box:

☒ All enforcement record requirements relevant to this application are satisfied.

☐ All enforcement record requirements relevant to this application are **not** currently satisfied. A waiver of the enforcement record requirements is requested.

If a waiver is requested, please provide information describing any requirements not met and a justification for the waiver request on a separate page labeled **Attachment 5**. Note that waivers will be granted only in exceptional circumstances.

## VIII. Tier 1 Applicant Statement of Commitments

**I commit with my signature to the following statements and certify that all information provided in this application is true and correct under penalty of law:**

a. Implement, within one year of the date of this application, an EMS for each covered facility or activity that is certified to the ISO 14001 standard or is functionally equivalent to ISO 14001 as determined by DNR.
b. Conduct annual EMS audits, with every 3rd EMS audit performed by a DNR-approved outside environmental auditor.
c. Submit to DNR an annual report on each EMS audit that is in compliance with s. 299.83(6m)(a), Wis. Stats.
d. Submit to DNR an annual report on progress towards meeting objectives related to improved environmental performance for aspects regulated under chs. 29 to 31, 160, or 280 to 299, Wis. Stats., unregulated environmental aspects, or voluntary actions to restore, enhance, or preserve natural resources.

| Applicant Signature | Date Signed |
|---|---|
| | 11-13-12 |

## IX. Tier 2 Applicant Statement of Commitments

**I commit with my signature to the following statements and certify that all information provided in this application is true and correct under penalty of law:**

a. Conduct annual EMS audits performed by a DNR-approved outside environmental auditor.
b. Conduct or have another person conduct an annual audit of compliance with environmental requirements that are applicable to the facilities and activities covered under Green Tier.
c. Submit to DNR an annual report on each EMS audit that is in compliance with s. 299.83(6m)(a), Wis. Stats.
d. Submit to DNR an annual report on each compliance audit that is in compliance with s. 299.83(6m)(a), Wis. Stats.

| Applicant Signature | Date Signed |
|---|---|
| | |

## X. For Department Use Only

| Date Received | Initials of Reviewer | Status | Date Returned to Applicant for Additional Information | Date Denied | Date Approved |
|---|---|---|---|---|---|
| | | | | | |