State of Wisconsin
Department of Natural Resources
P.O. Box 7921, Madison WI 53707-7921

DRAFT

Green Tier Application

Form # *[assigned by Forms Manager]* (Rev. *[Month/Year]*)

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.). 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-XXX.

This application is a:

X☐ Tier 1 Participation Request **☐ Tier 2 Participation Request**

I. Applicant Information *(add additional forms for each entity that is part of the applicant group)*

Name of Person or Entity	Title		
American Transmission Company, Rita L. Hayen	Manager – Environmental Department		
Street Address	**City**	**State**	**Zip**
N19 W23993 Ridgeview Pkwy N, PO Box 47	Waukesha	WI	
Phone Number	**Fax Number**	**E-mail address**	
262-506-6848	262-506-6704	rhayen@atcllc.com	

II. Facility Information *(add additional forms for each facility or activity that is to be included in Green Tier)*

Facility Name		County Location	
ATC capital and maintenance projects			
Street Address	**City**	**State**	**Zip**
Mailing Address	**City**	**State**	**Zip**

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

III. Scope of Green Tier Participation

Materials in support of this section should be labeled Attachment 1.

Please describe the discrete activities to be covered in the program, if the application **is not** for whole-facility participation in Green Tier.

IV. Enforcement Record

Materials in support of this section should be labeled Attachment 2. Eligibility requirements are established in s. 299.83 (3) and (5), Wis. Stats.

Has the applicant, managing operators of the applicant or any person with 25% or more ownership interest in the applicant:

a. Had a judgment of conviction entered against them for a criminal violation of an environmental regulation involving a covered facility or activity? ☐ Yes X☐ No
If yes, please provide the date(s) of conviction and the nature of the violation(s).
Applicants convicted of a criminal violation within 60 months before the date of application for Tier 1 and 120 months for Tier 2 that resulted in substantial harm to public health or the environment or that presented an imminent threat to public health or the environment are ineligible for the program.

b. Had a civil judgment entered against them for a violation of an environmental regulation involving a covered facility or activity? ☐ Yes X☐ No
If yes, please provide the date(s) of the judgment and the nature of the violation(s).
Applicants with a civil judgment entered against them within 36 months before the date of application for Tier 1 and 60 months for Tier 2 that resulted in substantial harm to public health or the environment are ineligible for the program, unless the applicant requests a waiver of enforcement record requirements.

c. Been referred to the Department of Justice for enforcement of an environmental regulation involving a covered facility or activity? ☐ Yes X☐ No
If yes, please provide the date(s) of referral and the nature of the violation(s).
Applicants referred to the Department of Justice within 24 months before the date of application for Tier 1 and Tier 2 are ineligible for the program, unless the applicant requests a waiver of enforcement record requirements.

d. Been issued an environmental citation by the Department of Natural Resources involving a covered facility or activity? ☐ Yes X☐ No
If yes, please provide the date(s) of the citation and the nature of the violation(s).
Applicants issued an environmental citation within 24 months before the date of application for Tier 1 and Tier 2 are ineligible for the program, unless the applicant requests a waiver of enforcement record requirements.

Are you requesting a waiver from enforcement record requirements? ☐ Yes X☐ No
If yes, please attach a justification for your request of a waiver from enforcement record eligibility requirements. Waivers may be granted in exceptional circumstances.

V. Environmental Performance

Please provide information on the following Tier 1 or Tier 2 activities. ***Materials in support of this section should be labeled Attachment 3.*** *For definitions of environmental performance and superior environmental performance, refer Application Instructions.*

X☐ Tier 1

- Baseline environmental performance report that addresses each covered facility or activity to be included in Green Tier. Within this report establish a baseline date against which future progress may be measured.
- Current environmental performance (measured against the baseline).
- Future plans for enhancing the environment.

☐ Tier 2

- Describe the applicants' record of superior environmental performance and the measures that it proposes to take to maintain and improve its superior environmental performance.

VI. Environmental Management System (EMS)

Materials in support of this section should be labeled Attachment 4.

a. Do you have an EMS certified to the International Organization for Standardization? ☐ Yes X☐ No

b. Do you have an EMS that is functionally equivalent as determined by the department? X☐ Yes ☐ No

(ATC's EMS is in place, but needs to be expanded to cover project specific work, the focus of this application.)

If no to both questions, please proceed to next section if you are applying for Tier 1. Tier 2 applicants must have implemented an EMS to be eligible for the program.

If yes to either a. or b., please attach a copy of the following to this application:
Third party certification
Environmental Policy Statement
Scope Statement
Documented Objectives and targets for the facility or activity

VII. Tier 1 Applicant Statement of Commitments

I commit to:

a. implement, within one year of the date of this application, an EMS that is third party certified to the International Organization for Standardization or is functionally equivalent as determined by the Department of Natural Resources for each covered facility or activity under Green Tier.

b. conduct annual EMS audits, with every 3rd audit performed by an outside environmental auditor approved by the Department of Natural Resources.

c. submit to the Department of Natural Resources an annual report on the EMS audit that is in compliance with s.299.83 (6m) (a) and progress towards meeting objectives related to improved environmental performance for aspects regulated under chs. 29 to 31,160, and 280 to 299, unregulated environmental aspects, or voluntary actions to restore, enhance, or preserve natural resources.

I commit to the above statements and certify that all information provided is true and correct under penalty of law.

Applicant Signature

Date Signed 11-29-04

State statutes provide that any person who intentionally makes a false statement in material submitted as any part of this application shall be fined not less than $10 nor more than $10,000 or imprisoned for not more than 6 months or both.

VIII. Tier 2 Applicant Statement of Commitments

I commit to:

a. conduct annual EMS audits performed by an outside environmental auditor approved by the Department of Natural Resources.

b. conduct or have another person conduct an annual audit of compliance with environmental requirements that are applicable to the covered facilities and activities eligible under the program.

c. submit to the Department of Natural Resources an annual report on the EMS audit and the environmental requirements compliance audit and reporting the results in compliance with 299.83 (6m) a. Wis. Stats.

I commit to the above statements and certify that all information provided is true and correct under penalty of law.

Applicant Signature

Date Signed _____

State statutes provide that any person who intentionally makes a false statement in material submitted as any part of this application shall be fined not less than $10 nor more than $10,000 or imprisoned for not more than 6 months or both.

IX. For Department Use Only

Date Received: _____ Initials of Reviewer: _____

Status: _____ Date returned to applicant for additional information _____ Date Denied _____ Date Approved