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Return Completed Application and Attachments to:
PECFA
Wisconsin Department of Natural Resources
P.O. Box 7921
Madison, Wisconsin 53707-7921
Fax: 608-267-7646
http://dnr.wi.gov/topic/Brownfields/pecfa.html

PECFA Consultant Registration

Form 4400-309 (7/17)

Notice: Pursuant to Wis. Stats. s. 292.63(2)(g) and Wis. Admin. Code ss. NR 747 and SPS 305 this completed application, requested attachments and fee, must be returned to the DNR in order for a consultant to provide professional level engineering or hydrological services related to work reimbursed under the Petroleum Environmental Cleanup Fund Award (PECFA) program**.**

Section 1: Type of Registration (Registrations are good for two years from the date of issuance by the DNR):

Makes checks payable to "Wisconsin Dept. of Natural Resources"

◯ **New Registration - $70 registration fee** ($50 credential fee plus $20 application fee).

☐ Veteran waiver of new registrant fee. Department of Veterans Affairs voucher code: _____
You may contact DVA at 1-800-WisVets or www.WisVets.com for assistance in obtaining your DVA Voucher Code.

◯ **Renewal – $50 renewal fee**

☐ Attach a copy of your current credential ID. Credential #: _____

Section 2: Required Attachments:

☐ Proof of registration with the Department of Safety and Professional Services (DSPS) as a professional engineer, geologist, hydrogeologist or soil scientist, or proof of being supervised by an individual who is so registered. A photocopy of a current credential or ID card is sufficient.

☐ Proof of liability coverage as required by s. SPS 305.81, Wis. Admin. Code.

Section 3: Applicant Information

Name (First MI Last)	Street Address
Telephone Number	City, State, Zip
Email Address	

Section 4: Firm Information

Business Name	Street Address
Telephone Number	City, State, Zip
Website	Fax Number

By signing this application, I attest that the information and documents submitted with this application are true and accurate. I have read the requirement of credential as laid forth in ch. SPS 305.81, and affirm that I meet these requirements. I understand that I am required to carry my credential on my person while performing or conducting the activities permitted under the credential.

Signature	Printed Name	Date