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Return Completed Application and Attachments to:
PECFA
Wisconsin Department of Natural Resources
P.O. Box 7921
Madison, Wisconsin 53708-7921
Fax: 608-267-7646
http://dnr.wi.gov/topic/Brownfields/pecfa.html

PECFA Consulting Firm Registration

Form 4400-310 (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 consulting firm 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).

◯ **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) to engage in the practice of professional engineering, geology, hydrogeology or soil science. Attach a photocopy of the current credential.

☐ Proof of employing at least one Wisconsin registered PECFA consultant. Attach a photo copy of the employee's current registration.

☐ Proof of liability coverage as required by s. SPS 305.80, Wis. Admin. Code.

Section 3: Firm Information

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

Section 4: Authorized Contact Information

The authorized contact shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

Name (First MI Last)	Email Address
Telephone Number	

By signing this application, I attest that the information and documents submitted with this application are true and accurate. I have read and understood ch. SPS 305.80, and affirm that the entity applying for registration meets all of these requirements. I understand that the entity shall meet all of the responsibilities set forth in 305.80 throughout the entity's registration.

Signature	Printed Name	Date