



# FORM 6CA CONSULTANT AGENT PRE-QUALIFICATION

ERS Division  
Bureau of PECFA  
PO Box 7838  
Madison WI 53707-7838  
(608) 267-3753

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

All consultant agent assignments are subject to pre-approval by the Department of Safety and Professional Services (DSPS) and may be rescinded or revoked at any time for failure to comply with the requirements of Comm 47 or Wis. Stats.

101.143, or if other circumstances dictate the consultant can no longer fulfill the approved agent requirements pertaining to the site cleanup.

Please complete the following information and answer all questions in order to be considered as an agent for the site requested. Failure to supply any of the required information will result in non-approval of your application.

<b>I. Consultant Agent Identification</b>	
A. Name:	E. PECFA Consulting Firm Registration Number and Expiration Date:
B. Name of Project Manager:	F. PECFA Individual Registration Number and Expiration Date:
C. Address:	G. Phone Number: (      )
D. City, State, Zip Code:	H. E-mail Address (optional):
<b>II. Claimant Identification</b>	
I. Name:	L. Phone Number: (      )
J. Address:	M. Site Name:
K. City, State, Zip:	N. City, State, Zip:
O. PECFA Number (Required): An established Commerce # does not guarantee eligibility of the site. A written determination of eligibility must be obtained prior to requesting agent status; see question #1 below.  _____ - _____ - _____ - _____	
<b>III. Agent Qualification Questions</b>	
1. Has PECFA eligibility been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No – <b>IF YOU ANSWERED NO, STOP HERE AND SUBMIT AN INITIAL APPLICATION &amp; ELIGIBILITY REQUEST FORM BEFORE CONTINUING!</b> Contact Renee' Dickey at (608) 264-8765 for a form or go to our Web site at: <a href="http://dsps.wi.gov/ER/pdf/pecfa/ER-PECFA-InitialApplication.pdf">http://dsps.wi.gov/ER/pdf/pecfa/ER-PECFA-InitialApplication.pdf</a>	
2. Has the site deductible been satisfied, deferred/waived or reduced, (may require a lien on property)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you wish to apply for a reduction or waiver of deductible please contact Tanya Herranz at (608) 266-6796 for assistance or go to our Web site at: <a href="http://dsps.wi.gov/ER/ER-PECFA-Forms.html">http://dsps.wi.gov/ER/ER-PECFA-Forms.html</a> for an application.	
3. Are you requesting agent status because: <input type="checkbox"/> RP is not eligible for reimbursement of bank interest <input type="checkbox"/> RP is unable to obtain a bank loan or lender has terminated funding <input type="checkbox"/> RP is unwilling to obtain a bank loan	
4. Are you able and willing to carry the cost of cleanup for the site until the approved scope of work is complete and you file a claim for reimbursement of eligible cleanup costs? <input type="checkbox"/> Yes <input type="checkbox"/> No – Please see note on back regarding commodity services.	
5. A copy of the DSPS standard contract that must be used is available by contacting the Department. After reviewing this contract, are you willing to sign and enter into this Agent agreement with DSPS? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Agents must be approved by DSPS prior to the signing of any contract; contracts signed before DSPS approval may be void.	
6. Please included a completed Form 6 (ERS-8079) Consultant Agent Assignment.	
Consultant Signature _____ Date Signed _____	

## CONSULTANT AGENT PRE-QUALIFICATION FORM 6CA INSTRUCTIONS

The purpose of this form is to pre-quality PECFA registered consultants that are willing to take on agent status on PECFA sites where the responsible party has a hardship in paying for the site cleanup.

### SECTION I. AGENT IDENTIFICATION

On line A enter the name of the consulting firm requesting agent status.

On line B enter the name of the site project manager.

On line C enter the address of the consulting firm.

On line D enter the city, state and zip code of the consulting firm.

On line E enter the consulting firm's PECFA registration ID number and expiration date.

On line F enter the individual's (project manager's) PECFA registration ID and expiration date.

On line G enter the consultant's telephone number.

On line H enter the consultant's e mail address (optional).

### SECTION II. CLAIMANT IDENTIFICATION

On line I enter the claimant's name.

On line J enter the claimant's address.

On line K enter the claimant's city, state and zip code.

On line L enter the claimant's telephone number.

On line M enter the site name.

On line N enter the site address, city and zip code.

On line O enter the PECFA Number **(REQUIRED)**.

### SECTION III. AGENT QUALIFICATION QUESTIONS

Consultant must complete all questions, 1.-6. **FAILURE TO COMPLETE ANY OF THE QUESTIONS MAY RESULT IN DENIAL OF THE AGENT REQUEST.**

**Note: Pertinent to question #4, for high cost commodities, other options are available for payment of these services by PECFA, if you are unable to carry the cost. Please contact the Department for assistance.**

Consultant must sign and date the application.

Submit this completed form along with the Form 6, to the address printed on the upper right hand corner of the form.