



FORM 6 AGENT ASSIGNMENT CERTIFICATION SCOPE OF WORK

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

SEE INSTRUCTIONS ON THE BACK OF THIS PAGE

A. PECFA NUMBER: _____ - _____ - _____ - _____

Comm 47: An owner or operator or the person owning a home oil tank system may, with the written approval of the Department, enter into a written agreement with a PECFA registered consultant to act as an agent. **The consultant as agent, in order to receive payment under the fund, must be pre-approved by the Department of Safety and Professional Services (DPS) and shall agree to complete the scope of work.** The agent and the owner, operator, or person owning the home oil tank system shall jointly submit a claim for an award after completing all applicable requirements under this chapter. An award made shall be made payable to both the agent and owner, operator or person owning the home oil tank system.

PART 1 BACKGROUND INFORMATION

B. Claimant's Name	F. Remedial Action Site Name (if business)
C. Street Address	G. Remedial Action Site Address
D. City, State, Zip Code	H. City, State, Zip Code
E. Claimant's Telephone Number ()	I. Telephone Number of Site ()
J. Claimant is: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other-please specify	
K. Agent's Name	O. Agent's Company Name and Contact Person
L. Street Address	P. Street Address
M. City, State, Zip Code	Q. City, State, Zip Code
N. Agent's Telephone Number ()	R. Agent's Company's Telephone Number ()

PART II ASSIGNMENT CERTIFICATION

I, _____ (claimant), assign to _____ (agent) the right to act as my agent and to submit a claim on my behalf, for the purposes of a petroleum storage remedial action award under s. 101.143, Wis. Stats., for eligible costs of remedial action activities at _____ (remedial action site) in response to the petroleum product discharge that was reported in accordance with s. 101.143 (3) (a) 5 and 144.76, Wis. Stats., to The Department of Natural Resources on _____ (date reported).

PART III CLAIMANT AND NOTARY SIGNATURES

In the event I am unable or unavailable to sign the award check, I authorize my agent to sign and accept award without my signature for deposit at their lending institution.

An assignment of an agent for the purpose of submitting a claim under s. 101.143, Wis. Stats., does not constitute an assignment of a claimant's liability under s. 144.76 Wis. Stats., or of a claimant's liability under any other local, state or federal law.

Claimant's Name (Print or Type): W. _____ Z. _____	Notary Public, State of Wisconsin
Claimant's Signature: X. _____ AA. _____	Subscribed and sworn to before me this date: _____
Date Signed: M _____	y commission expires: Y. _____ AB. _____

All agent assignments are subject to pre-approval by the Department of Safety and Professional Services

Consultant Agent Assignment Certification (Form 6) Instructions

The purpose this form is to designate a consultant to act as agent to take charge of and complete a specified scope of work for the cleanup at a site. The agent will be responsible for paying for the cleanup and submitting the claim for the approved scope of work under the PECFA program.

On line A enter the eleven-digit PECFA number. **A PECFA number must be assigned before requesting Agent status.**

PART I. BACKGROUND INFORMATION

On line B enter the claimant's name.

On line C enter the claimant's address.

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

On line E enter the claimant's telephone number.

On line F enter the site name.

On line G enter the site address. (Physical addresses only, PO Boxes are not acceptable).

On line H enter the site city, state, and zip code.

On line I enter the site telephone number, (if applicable).

On line J check the box identifying whether the claimant is the owner, operator, or other.

On line K enter the agent's name.

On line L enter the agent's address.

On line M enter the agent's city, state and zip code.

On line N enter the agent's telephone number.

On line O enter the agent's company's name.

On line P enter the agent's company's address.

On line Q enter the agent's company's city, state, and zip code.

On line R enter the agent's company's telephone number.

PART II. ASSIGNMENT CERTIFICATION

On line S enter the claimant's name (same as line B).

On line T enter the agent's name (same as line K).

On line U enter the site name (same as line F).

On line V enter the date the DNR was notified.

On line W enter the claimant's name.

On line X provide the claimant's signature.

On line Y provide the date of the claimant's signature.

On line Z provide the date the information on Form 6 was presented before a Notary Public for the State of Wisconsin.

On line AA enter the name of the Notary Public.

On line AB enter the date the Notary Public's commission expires.