

**STATE OF VERMONT
AGENCY OF NATURAL RESOURCES**

**APPLICATION FOR CERTIFICATE OF APPROVAL
FOR A WOOD ASH GENERATOR**

GENERATING FACILITY

Business Name:

Mailing Address:

Telephone Number:

Physical Location:

GENERATING FACILITY OWNER (if different than Applicant)

Name:

Mailing Address:

Telephone Number:

APPLICANT'S OFFICER OR AUTHORIZED REPRESENTATIVE:

Name:

Business Name:

Title:

Mailing Address:

Telephone Number:

e-mail address:

GENERATING FACILITY PRIMARY CONTACT PERSON

Name:

Mailing Address:

Telephone Number:

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GENERATING FACILITY SECONDARY CONTACT PERSON

Name:

Mailing Address:

Telephone Number:

APPLICATION PREPARER (IF NOT PREPARED BY THE APPLICANT)

Name:

Signature:

Mailing Address:

Telephone Number:

ESTIMATED AMOUNT OF WOOD ASH THAT WILL BE USED IN VERMONT ON AN ANNUAL BASIS UNDER THE COMPREHENSIVE WOOD ASH MANAGEMENT PROCEDURE:

_____ wet tons per year

APPLICANT'S CERTIFICATION

I, _____, the duly authorized applicant, hereby make application for a Certificate of Approval for the generating facility named herein and described fully in supporting documentation. The application consists of this application form, the documents listed below as appended to this application. I further certify that the support documents listed as appended to this application meet appropriate technical standards required by the Comprehensive Wood Ash Management Procedure to the best of my knowledge and belief, and based on the information available to me at the time of application.

SIGNATURE

DATE

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ATTACHMENTS

List below the title(s) and date(s) of any documents appended or included as a part of this application (attach additional sheets as necessary):

Title or Reference

Date