



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4522

OFFICE USE ONLY

Application Number:

Case Number:

(s. 94.73, Wis. Stats.)

ACCP APPLICATION COVER SHEET

| PART I – Applicant | | | |
|---------------------------------------|-------|-----------------|-------|
| NAME | EMAIL | PHONE: () - | |
| ADDRESS STREET | CITY | STATE | ZIP+4 |
| MAILING ADDRESS (if other than above) | CITY | STATE | ZIP+4 |

| PART II – Consultant | | | |
|---------------------------------------|-------|-----------------|-------|
| NAME | EMAIL | PHONE: () - | |
| ADDRESS STREET | CITY | STATE | ZIP+4 |
| MAILING ADDRESS (if other than above) | CITY | STATE | ZIP+4 |

| PART III – Discharge Site Information | | | |
|--|------|-------|-------|
| A. DISCHARGE SITE ADDRESS STREET | CITY | STATE | ZIP+4 |
| B. List all product(s) released at the discharge site and the date, or the time period, when the discharge occurred: | | | |
| C. Was this a transportation-related discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| D. At the time of the discharge, the applicant was: (check all that apply) | | | |
| <input type="checkbox"/> a pesticide manufacturer or labeler <input type="checkbox"/> a commercial application business <input type="checkbox"/> a distributor of fertilizers <input type="checkbox"/> a distributor of pesticides <input type="checkbox"/> a common carrier <input type="checkbox"/> a farmer <input type="checkbox"/> other | | | |
| E. Do you employ more than 25 persons? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| F. Do you have gross annual sales of more than \$2.5 million? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| G. Have you previously received reimbursement from ACCP for corrective action costs at this discharge site? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, does this application include: <input type="checkbox"/> additional costs for the same discharge <input type="checkbox"/> costs for another discharge | | | |
| H. Have you, or will you be, applying to another government agency for reimbursement of all or a portion of your corrective action costs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, enter the program name and date of the claim: | | | |
| I. Enter the person's name that compiled this application: | | | |

J. I certify that I have reviewed all of the information included in this application and it is true and correct to the best of my knowledge. I also understand that submitting false, deceptive, or misleading information is grounds for the Department to deny reimbursement of this application and deny reimbursement of any costs for five years, per s. ATCP 35.06(3), Wis. Admin. Code.

SIGNATURE OF RESPONSIBLE PERSON

PRINT NAME

DATE

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. s. 15.04(1)(m).

Part I – Applicant

Responsible person is any of the following persons, or that person's successor in interest:

- a) A person who owns or controls an agricultural chemical that is discharged;
- b) A person who causes a discharge;
- c) A person on whose property an agricultural chemical is discharged.

Part II – Consultant

If someone other than the responsible person is directing the cleanup, enter that person's name, the company that person represents, street address, city, zip code and mailing address, (if other than the street address). Enter a telephone number - where the person directing the cleanup can be reached during normal working hours.

Part III – Discharge Site Information

- a) Discharge site means the area affected by one or more discharges. It includes all contiguous land that is owned, leased or controlled by the responsible person at the time the discharge occurs, plus any other area affected by the discharge. Whenever an agricultural chemical is discharged while being transported from a site owned or controlled by a person who owns or controls the discharged agricultural chemical, the discharge is deemed to occur at that site.
- b) List all product(s) present at the discharge site including petroleum, agricultural chemicals and other products.
- c) Transportation related discharges include those discharges which occurred off site either while transporting or making applications of agricultural chemicals.
- d) **Pesticide manufacturer** is a person who produces or manufactures any pesticide. Refer to s. 94.67(28), Wis. Stats., for clarification.

Pesticide labeler is a person who affixes his or her label to the pesticide or any of its containers or labeling. Refer to 94.67(20), Wis. Stats., for clarification.

As interpreted by this department, a **common carrier** is any person who holds him/herself out to the public as willing to undertake for hire to transport property over regular or irregular routes upon the railways, waterways or public highways.

Commercial application business is a corporation, limited liability company, cooperative association, partnership, natural person doing business as a sole proprietor, or other non-governmental business entity that does either of the following:

1. Operates as a commercial applicator for hire.
2. Uses or directs the use of a restricted-use pesticide as a commercial applicator, either directly or through an employee, per to s. 94.67(5)(a), Wis. Stats., for clarification.

To **distribute** means to import, consign, sell, offer for sale, solicit orders for sale or otherwise supply **fertilizer or pesticide** for sale or use in this state, per s. 94.645(1)(c), Wis. Stats.

- e) Count all full-time equivalents to determine the number of employees.
- f) Any person who makes, or conspires with another person to make any false, deceptive or misleading representation in connection with a reimbursement application is ineligible for any reimbursement for that corrective action, and is also ineligible for reimbursement for any other corrective action taken or ordered at any discharge site within five years after the date of that application. Persons filing fraudulent claims may also be subject to criminal prosecution.

If you have questions regarding this application contact our office at (608) 224-4522.