

# Management Practice Registration

State of Wisconsin  
 Department of Natural Resources  
 101 South Webster Street  
 Madison, WI 53707

**Water Quality Trading  
 Management Practice Registration**  
 Form 8700-nnn (R10/12)

**Notice:** Any personally identifiable information submitted on this form will be used for program purposes only, but is available for inspection and copying under Wisconsin’s public records laws. This form should be completed by any permittee that intends to pursue pollutant trading as a method for complying with a permit limitation. Failure to complete this form would not result in penalties.

**Permittee Information**

Permittee Name		Permit Number <b>WI-</b>	Facility Site Number	
Facility Address		City	State	ZIP Code
Project Contact Name(if applicable)	Address	City	State	Zip Code

Project Name

**Broker/Exchange Information**

Was a broker/exchange be used to facilitate trade?  Yes  No

Broker/Exchange Organization Name:	Contact:
Address:	Phone/E-mail:

**Trade Registration Information (Use a separate form for each trade agreement)**

Type	Trade Agreement Number	Practices Used to Generate Credits	Anticipated Load Reduction & Trade Ratio	Method of Quantification
<input type="checkbox"/> Urban NPS <input type="checkbox"/> Agricultural NPS <input type="checkbox"/> Other				
County:	Closest Receiving Water Name:	HUC 12:	Parameter(s) Traded:	

**The preparer and owner certify all of the following:**

- I have completed this document to the best of my knowledge and have not excluded pertinent information.
- I certify that the information in this document is true to the best of my knowledge.

Signature of Preparer	Date Signed
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**Authorized Representative Signature:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. Based on my inquiry of those persons directly responsible for gathering and entering the information, the information is, to the best of my knowledge and belief, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

Date Signed

**For Department Use Only**

Date Received:

Trade Docket Number:

Entered in Tracking System  Yes

Date Entered:

Name of Department Reviewer: