

KY EXCEL Partner Membership Application

Return this completed form and its attachments to:

KY EXCEL

Division of Compliance Assistance 300 Fair Oaks Lane Frankfort, KY 40601 1-800-926-8111

Fax: 502-564-9720

	APPLICANT INFORMATION		
1.	Organization Name:		
2.	Street Address:		
3.	Mailing Address (If different from above):		
4.	County:		
 Provide a brief description of your organization. If your organization is a business, including NAICS codes used to classify your facility: 			
6.	How many individuals does your organization employ?		
7.			
8.			
II.	CONTACT INFORMATION		
	•		
9.	Contact Name:		
9. 10	Contact Name: Contact Title:		
9. 10 11	Contact Name: Contact Title: Contact Mailing Address:		
9. 10 11 12	Contact Name: Contact Title: Contact Mailing Address:		
9. 10 11 12 14	Contact Name: Contact Title: Contact Mailing Address: Phone: 13. Fax:		
9. 10 11 12	Contact Name: Contact Title: Contact Mailing Address: Phone: 13. Fax:		
9. 10 11 12 14	Contact Name: Contact Title: Contact Mailing Address: Phone: 13. Fax:		
9. 10 11 12 14	Contact Name: Contact Title: Contact Mailing Address: Phone: 13. Fax: E-mail: APPLICATION TYPE		

IV. PERFORMANCE ASSESSMENT STATEMENT				
I confirm that on (date), my organization conducted a performance assessment using the KY EXCEL Assessment Workbook or an equivalent protocol.				
As	As a result of conducting this performance (check one),			
	the organization did not find any compliance concerns.			
	the organization identified compliance concerns.			
I understand that my organization is not obligated to provide the Division of Compliance Assistance with information concerning the results of this assessment. However, if my organization voluntarily wishes to seek assistance related to the compliance concerns identified during the assessment, we are aware that the Division of Compliance Assistance is available to provide assistance free of charge.				
My organization places a priority on complying with Kentucky's environmental requirements and understands the importance of continual performance improvement. We will use the results of this assessment as a tool to improve the organization's performance. We will make good faith efforts to correct all concerns identified during the assessment in a timely manner.				
V. ATT	TACHMENTS			
 I have attached a Voluntary Project Proposal Form for each project that my organization would like to complete as a member of KY EXCEL. (Partner membership requires at least one voluntary project each year.) Select one: I have attached a copy of my organization's environmental management plan. (If the 				
	Environmental Management Plan is substantic contents rather than the entire document.)			
_	My organization does not have an environmer preparing and implementing a plan within the			
VI. CEF	VI. CERTIFICATION STATEMENT			
I certify that the information provided in this membership application and its attachments are accurate to the best of my knowledge and that my organization's participation in this program is entirely voluntary. I understand that the Division of Compliance Assistance reserves the right to accept, deny or terminate KY EXCEL membership. My organization places a high priority on meeting our environmental responsibilities. We have an ongoing commitment to evaluate and improve our processes to maximize compliance and to minimize any adverse environmental impacts. This commitment is communicated to our employees as well as to our customers. We are committed to the spirit of the program and will work diligently to further the program's goals. My organization will make good faith efforts to complete the commitments we have made as a KY EXCEL member. My organization will also be available to mentor others when requested.				
Applicant N	Name: T	itle:		
Signature:	D	Pate:		

APPLICATION INSTRUCTIONS

SECTION I. APPLICANT INFORMATION

Organization Name: Enter the name of your business, industry or organization applying for membership. If you are applying as an individual, enter your first and last name.

Street Address: List the street address (physical location) of the organization.

Mailing Address: List the mailing address for your organization if it is different than the street address listed in Number 2.

County: List the county where the organization is located.

Organization Description: Provide a brief narrative about your organization. If your organization is a business, include any North American Industry Classification System (NAICS) codes used to classify your business. If multiple codes are used to classify your business, include all of the appropriate codes, but indicate the code that would best serve as the "primary" classification of your organization. A list of NAICS codes may be found at www.census.gov/epcd/www/naicstab.htm.

Employees: List the number of employees that work for your organization.

Website: If your organization has a Web site, enter the Web site address.

SECTION II. CONTACT INFORMATION

Contact Name: Enter the name of the person to whom inquiries regarding this application or your KY EXCEL membership should be directed.

Contact Title: Provide the title of the organization's contact person.

Contact Mailing Address: List the mailing address for the organization's contact person.

Phone: List the phone number of the organization's contact person.

Fax: List the fax number of the organization's contact person.

E-mail: List the e-mail address of the organization's contact person.

SECTION III. MEMBERSHIP REQUESTED

Type of Application: Indicate whether the application is for a new membership, a membership renewal or a membership upgrade.

SECTION IV. THIRD-PARTY ASSESSMENT

A performance assessment must be conducted prior to joining KY EXCEL. Complete all of the blanks in this section. If areas of concern were identified, the Division of Compliance Assistance (1-800-926-8111) can provide assistance to help you correct the identified concerns in a timely manner.

SECTION V. ATTACHMENTS

Attach all of the items described in this section to this application. Remember that a separate Voluntary Project Proposal Form must be completed for **each** project being proposed.

SECTION VI. CERTIFICATION STATEMENT

All KY EXCEL applicants must sign the certification statement before they can become accepted into the program. If the applicant is an organization or business, a responsible official authorized to speak on behalf of the organization or business must sign the certification. Applications that do not have the certification statement completed will not be accepted.