

**DIVISION OF MITIGATION SERVICES (DMS)**

**HYBRID VENDOR INFORMATION FORM** Revised 9/7/2021

Complete requested information, sign and date, email to [beth.harmon@ncdenr.gov](mailto:beth.harmon@ncdenr.gov). Please submit separate forms for each transaction/credit type. *Information submitted is subject to NC Public Records Law and may be requested by third parties.* For issues with this form, please email [kelly.williams@ncdenr.gov](mailto:kelly.williams@ncdenr.gov).

<b>PERMITTEE INFORMATION</b>	
<b>1. Request Name</b>	
<b>2. Development Type</b>	<b>Owner Category</b>
<b>3. Permittee Company Name</b>	
<b>4. Contact Person</b>	
<b>5. Address, City, State, Zip</b>	
<b>6. E-Mail Address</b>	
<b>IMPACT LOCATION &amp; TYPE</b>	
<b>7. Program</b>	<b>Impact Type</b>
<b>8. County/Service Area</b>	<b>9. Impact Basin/HUC</b>
<b>MITIGATION REQUIREMENTS &amp; DEBIT INFORMATION</b>	
<b>10. Permit Info</b>	
COE Action ID	date:
DWR ID#	date:
CAMA Permit#	date:
Buffer Auth.#	date:
<b>11. Nutrient Buydown Info (if applicable)</b>	
Local Gov.	date:
Project ID:	
<b>12. Impact and Requirement/Debit</b>	R Requirement/debit
Impact Amount (feet, ft <sup>2</sup> , ac, lbs)	RE Requirement/debit
<b>13. Mitigation Type</b>	
<b>14. Requirement Service Area</b>	

**15. Special Conditions or other details**

**ILF PROJECT INFORMATION**

**16. DMS Project Name**

**17. DMS Project ID**

**18. Sale Date**

**19. Cost per credit**

**20. Total Price**

**VENDOR INFORMATION**

**21. Vendor Company**

**22. Vendor Contact**

**23. Vendor email**

**Signature:**

**Date:**

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Note: Some versions of Adobe require users to save a form before filling it out.  
Email completed form to [beth.harmon@ncdenr.gov](mailto:beth.harmon@ncdenr.gov)