

California Accidental Release Prevention Program Registration

I. Business Owner/Operator Information

Business Name _____ Contact Person _____

Address _____

City _____ County _____ State _____ Zip Code _____

Latitude and Longitude* _____ D & B Number _____ D & B Number/Parent Co. _____ NAICS Code _____
(*method & location representation)

RMP Elements & Implementation Person & Title _____ Telephone Number & E Mail _____

Emergency Contact Person, Name & Title _____ 24-Hour Telephone Number & E Mail _____

Number of Full Time Employees _____ Date of Last Safety Inspection & Identity of Agency _____

Subject to Sec. 5189 of Title 8 CCR? Subject to Part 355 of Title 40 CFR

Subject to Operating Permit Under Title V CAA USEPA Identifier _____
Title V Permit # _____ LEPC Region VI _____

Name, Mailing Address & Telephone Number of Contractor who Prepared the RMP _____

Type and Reason for Changes to Previously Submitted RMP:

Update and Re-submission Corrections De-registration Withdrawal of RMP

II. Regulated Substances

Regulated Substance _____
CAS Number _____ Maximum Quantity in Pounds _____ SIC Code _____ Program Level _____

Regulated Substance _____
CAS Number _____ Maximum Quantity in Pounds _____ SIC Code _____ Program Level _____

III. Certification

I, the owner or operator of the aforementioned business hereby certifies that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below is made under penalty of perjury under the laws of the State of Calif.

Owner/Operator Signature _____ Date _____