FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page 2 of _

I. IDENTIFICATION						
FACILITY ID # 1 BEGINNING DATE 100			ENDING DATE		101	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)			BUSINESS PHO	NE	102	
BUSINESS SITE ADDRESS			!		103	
CITY	104	CA	ZIP CODE		105	
DUN & BRADSTREET 106 SIC CODE (4 digit #)					107	
COUNTY					108	
BUSINESS OPERATOR NAME BUSINESS OPERATOR PHONE					110	
II. BUSIN	ESS OWNE	R				
OWNER NAME		111	OWNER PHON	E	112	
OWNER MAILING ADDRESS					113	
СІТУ	114	STATI	115	ZIP CODE	116	
III. ENVIRONME	NTAL CON	ITAC	Т	•		
CONTACT NAME		117	CONTACT PHO	NE	118	
CONTACT MAILING ADDRESS					119	
CITY	120	STAT	E 121	ZIP CODE	122	
- PRIMARY - IV. EMERGEN	ICY CONTA	ACTS	-	SECONDARY -		
NAME 123	NAME				128	
TITLE 124	TITLE	TITLE			129	
BUSINESS PHONE 125	BUSINESS PHONE				130	
24-HOUR PHONE	24-HOUR PHONE			131		
PAGER # 127	PAGER #			132		
ADDITIONAL LOCALLY COLLECTED INFORMATION: 133					133	
E-mail Address:						
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.						
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134 N	IAME OF DOCUM	ENT PREPARER	135	
NAME OF SIGNER (print) 136	TITLE OF SIGNE	IR			137	

II. Business Owner/Operator Identification - Instructions

Please submit the Business Owner/Operator Identification page, the Business Activities page, and the Hazardous Materials-Chemical Description page for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. (Note: the numbering of the instructions follows the data element numbers that are on the form pages. These data element numbers are used for electronic submission and is the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. Facility ID Number Agency (AA). This is the unique number which identifies your facility. (See you Address Label) 3. Business Name Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA-Doing Business As" that might have been used in the past. 100. Beginning Date This number is assigned by the Certified Unified Program Agency (CUPA) or A Agency (AA). This is the unique number which identifies your facility. (See you Address Label) 100. Beginning Date This number is assigned by the Certified Unified Program Agency (CUPA) or A Agency (AA). This is the unique number which identifies your facility. (See you Address Label) Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA-Doing Business As" that might have been used in the past. 100. Beginning Date		
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3. Business Name Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA-Doing Business As" that might have been used in the past. 100. Beginning Enter the beginning year and date of the report. (YYYYMMDD) Date		
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have been used in the past. 100. Beginning Date have been used in the past. Enter the beginning year and date of the report. (YYYYMMDD)		
100. Beginning Date Enter the beginning year and date of the report. (YYYYMMDD)		
Date		
101. Ending Date Enter the ending year and date of the report. (YYYMMDD)		
102. Business Enter the phone number, area code first, and any extension.		
Phone		
103. Business Site Enter the street address where the facility is located. No post office box number	ers are	
Address allowed. This information must provide a means to geographically locate the factorial description.	cility.	
104. City Enter the city or unincorporated area in which business site is located.	Enter the city or unincorporated area in which business site is located.	
	Enter the zip code of business site. The extra 4 digit zip may also be added.	
106. Dun & Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number	iber may be	
Bradstreet obtained by calling (610) 822-7748 or by Internet.		
107. SIC Code Enter the primary Standard Industrial Classification Code number for primary by	usiness	
activity. NOTE: If code is more that 4 digits, report only the first four.		
108. County Enter the county in which the business site is located.		
109. Business Enter the name of the business operator.		
Operator Name		
110. Business Enter business operator phone number, if different from business phone (area co	ode first) and	
Operator any extension.		
Phone		
111. Owner Name Enter name of business owner, if different from business operator.		
112. Owner Phone Enter the business owner's phone number if different from business phone (area	a code first)	
and any extension.		
113. Owner Mailing Enter the owner's mailing address if different from business site address.		
Address		
114. Owner City Enter the name of the city for the owner's mailing address.		
115. Owner State Enter the 2 character state abbreviation for the owner's mailing address.		
116. Owner Zip Enter the zip code for the owner's address. The extra 4 digit zip may also be a	idded.	
Code		

ID	ELEMENT	INFORMATION DESCRIPTION		
117.	Environmental	Enter the name of the person, if different from the Business Owner or Operator, who		
	Contact Name	receives all environmental correspondence and will respond to enforcement activity.		
118.	Contact Phone	Enter the phone number, if different from Owner operator, at which the environmental		
		contact can be contacted (area code first) and any extension.		
119.	Mailing	Enter the mailing address where all environmental contact correspondence should be sent, if		
	Address	different from the site address.		
120.	City	Enter the name of the city for the environmental contact's mailing address.		
121.	State	Enter the 2 character state abbreviation for the environmental contact's mailing address.		
122.	Zip Code	Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip		
		may also be added.		
123.	Primary	Enter the name of a representative that can be contacted in case of an emergency involving		
	Emergency	hazardous materials at the business site. The contact shall have FULL facility access, site		
	Contact Name	familiarity, and authority to make decisions for the business regarding incident mitigation.		
124.	Title	Enter the title of the primary emergency contact.		
125.	Business	Enter the business number for the primary emergency contact (area code first) and any		
	Phone	extensions.		
126.	24-Hour Phone	Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone		
		number must be one which is answered 24 hours a day. If it is not contact's home phone		
		number, then the service answering the phone must be able to immediately contact the		
127.	Dagar Number	individual, stated above.		
$\frac{127.}{128.}$	Pager Number	Enter the pager number for the primary emergency contact, if available. Enter the name of the secondary representative that can be contacted in the event that the		
126.	Secondary Emergency	primary emergency contact is not available. The contact shall have FULL facility access,		
	Contact Name	site familiarity, and authority to make decisions for the business regarding incident		
	Contact I turne	mitigation.		
129.	Title	Enter the title of the secondary emergency contact.		
130.	Business	Enter the business telephone number for the secondary emergency contact (area code first)		
	Phone	and any extension.		
131.	24-Hour Phone	Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone		
		number must be one which is answered 24-hour a day. If it is not the contact's home phone		
		number, then the service answering the phone must be able to immediately contact the		
		individual stated above.		
132.	Pager Number	Enter the pager number for the secondary emergency contact, if available.		
133.	Additional	Please add your E-mail address or enter NONE if you do not have an E-mail address.		
	Locally			
	Collected			
101	Information			
134.	Date	Enter the date that the form was signed. (YYYYMMDD)		
135.	Name	Enter the full name of the person who prepared the inventory submittal information.		
	Document			
126	Preparer	Entantha full printed name of the paragraphic design of the control of the contro		
136.	Name of	Enter the full printed name of the person signing the form. The signer certifies to a familiarity with the information submitted and that based on their inquiry of those		
	Signer	individuals responsible for obtaining the information, all the information submitted is true,		
		accurate and complete.		
		accurate and complete.		

ID	ELEMENT	INFORMATION DESCRIPTION	
136.	Signature of	The Business Owner/Operator, or officially designated representative of the	
	Owner/	Owner/Operator, shall sign in the space provided. This signature certifies that the signer is	
	Operator or	familiar with the information submitted and that based on their inquiry of those individuals	
	Designated	responsible for obtaining the information it is the signer's belief that the submitted	
	Representative	information is true, accurate and complete.	
137.	Title of Signer	Enter the title of the person signing the form.	