



## 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.

ID	ELEMENT	INFORMATION DESCRIPTION
1.	Facility ID Number	This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility. ( <b>See your Mailing Address Label</b> )
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	Enter the beginning year and date of the report. (YYYYMMDD)
101.	Ending Date	Enter the ending year and date of the report. (YYYYMMDD)
102.	Business Phone	Enter the phone number, area code first, and any extension.
103.	Business Site Address	Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104.	City	Enter the city or unincorporated area in which business site is located.
105.	Zip Code	Enter the zip code of business site. The extra 4 digit zip may also be added.
106.	Dun & Bradstreet	Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 822-7748 or by Internet.
107.	SIC Code	Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108.	County	Enter the county in which the business site is located.
109.	Business Operator Name	Enter the name of the business operator.
110.	Business Operator Phone	Enter business operator phone number, if different from business phone (area code first) and any extension.
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 code first) and any extension.
113.	Owner Mailing Address	Enter the owner's mailing address if different from business site 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 Code	Enter the zip code for the owner's address. The extra 4 digit zip may also be added.

ID	ELEMENT	INFORMATION DESCRIPTION
117.	Environmental Contact Name	Enter the name of the person, if different from the Business Owner or Operator, who 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 Address	Enter the mailing address where all environmental contact correspondence should be sent, if 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 Emergency Contact Name	Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124.	Title	Enter the title of the primary emergency contact.
125.	Business Phone	Enter the business number for the primary emergency contact (area code first) and any 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 individual, stated above.
127.	Pager Number	Enter the pager number for the primary emergency contact, if available.
128.	Secondary Emergency Contact Name	Enter the name of the secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129.	Title	Enter the title of the secondary emergency contact.
130.	Business Phone	Enter the business telephone number for the secondary emergency contact (area code first) 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 Locally Collected Information	Please add your E-mail address or enter NONE if you do not have an E-mail address.
134.	Date	Enter the date that the form was signed. (YYYYMMDD)
135.	Name Document Preparer	Enter the full name of the person who prepared the inventory submittal information.
136.	Name of Signer	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 individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.

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