

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

Page 1 of _

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	1	EPA ID # (Hazardous Waste Only)	2
--	---	--	---

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As): 3

BUSINESS SITE ADDRESS 103

BUSINESS SITE CITY	104	CA	ZIP CODE	105
---------------------------	-----	-----------	-----------------	-----

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page.**

Does your facility...	If YES, please complete these pages of the UPCF....
------------------------------	--

<p>A. HAZARDOUS MATERIALS</p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 60%; vertical-align: top;"> <p>BUSINESS OWNER/OPERATOR IDENTIFICATION</p> <p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	4	<p>BUSINESS OWNER/OPERATOR IDENTIFICATION</p> <p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4	<p>BUSINESS OWNER/OPERATOR IDENTIFICATION</p> <p>HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION</p>		

<p>B. REGULATED SUBSTANCES</p> <p>Have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release Prevention Program (CalARP)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 60%; vertical-align: top;"> <p>Coordinate with your local Agency responsible for CalARP.</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	4a	<p>Coordinate with your local Agency responsible for CalARP.</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4a	<p>Coordinate with your local Agency responsible for CalARP.</p>		

<p>C. UNDERGROUND STORAGE TANKS (USTs)</p> <p>Own or operate underground storage tanks?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">5</td> <td style="width: 60%; vertical-align: top;"> <p>UST FACILITY</p> <p>UST TANK (one per tank)</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5	<p>UST FACILITY</p> <p>UST TANK (one per tank)</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5	<p>UST FACILITY</p> <p>UST TANK (one per tank)</p>		

<p>D. ABOVE GROUND PETROLEUM STORAGE</p> <p>Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">8</td> <td style="width: 60%; vertical-align: top;"> <p>NO FORM REQUIRED TO CUPAs</p> <p>May require SPCC plan.</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	8	<p>NO FORM REQUIRED TO CUPAs</p> <p>May require SPCC plan.</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8	<p>NO FORM REQUIRED TO CUPAs</p> <p>May require SPCC plan.</p>		

<p>E. HAZARDOUS WASTE</p> <p>Generate hazardous waste?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">9</td> <td style="width: 60%; vertical-align: top;"> <p>EPA ID NUMBER – provide at the top of this page</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	9	<p>EPA ID NUMBER – provide at the top of this page</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9	<p>EPA ID NUMBER – provide at the top of this page</p>		

<p>Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">10</td> <td style="width: 60%; vertical-align: top;"> <p>RECYCLABLE MATERIALS REPORT (one per recycler)</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	10	<p>RECYCLABLE MATERIALS REPORT (one per recycler)</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10	<p>RECYCLABLE MATERIALS REPORT (one per recycler)</p>		

<p>Treat hazardous waste on site?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">11</td> <td style="width: 60%; vertical-align: top;"> <p>ONSITE HAZARDOUS WASTE TREATMENT – FACILITY</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	11	<p>ONSITE HAZARDOUS WASTE TREATMENT – FACILITY</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	11	<p>ONSITE HAZARDOUS WASTE TREATMENT – FACILITY</p> <p>ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)</p>		

<p>Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">12</td> <td style="width: 60%; vertical-align: top;"> <p>CERTIFICATION OF FINANCIAL ASSURANCE</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	12	<p>CERTIFICATION OF FINANCIAL ASSURANCE</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	12	<p>CERTIFICATION OF FINANCIAL ASSURANCE</p>		

<p>Consolidate hazardous waste generated at a remote site?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">13</td> <td style="width: 60%; vertical-align: top;"> <p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	13	<p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	13	<p>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION</p>		

<p>Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">14</td> <td style="width: 60%; vertical-align: top;"> <p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	14	<p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14	<p>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION</p>		

<p>Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">14a</td> <td style="width: 60%; vertical-align: top;"> <p>Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	14a	<p>Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14a	<p>Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator.</p>		

<p>Household Hazardous Waste (HHW) Collection site?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> NO</td> <td style="width: 10%; text-align: center;">14b</td> <td style="width: 60%; vertical-align: top;"> <p>See CUPA for required forms.</p> </td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	14b	<p>See CUPA for required forms.</p>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14b	<p>See CUPA for required forms.</p>		

F. LOCAL REQUIREMENTS: Note: If you have answered "NO" to question "A" listed above, complete and submit the Statement of Exemption page.	15
--	----

Business Activities - Instructions

Please submit the **Business Activities** page, the **Business Owner/Operator Identification** page, and **Hazardous Materials Inventory - Chemical Description** pages for all submissions.

- Each box contains a small number in the upper right hand corner. These are data element numbers that refer to instructions, contained on the green pages. The data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.
- Please **number all pages** of your submittal. This helps your Certified Unified Program Agency/Administering Agency (CUPA or AA) identify whether the submittal is complete and if any pages are separated.

I. Facility Identification

1. **FACILITY ID NUMBER** - Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number, identifying your business.
2. **EPA ID NUMBER** - If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA" you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (800) 61-TOXIC or (800) 618-6942, to obtain information on EPA ID #'s. Applications available on web site **www.dtsc.ca.gov**.
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.

II. Activities Declaration

A. Hazardous Materials

4. **HAZARDOUS MATERIALS ONSITE** - Check the box to indicate whether you have any hazardous materials or waste onsite. **You have a hazardous material onsite if:**
 - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of compressed gas (calculated at standard temperature and pressure),
 - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
 - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have any hazardous materials or waste onsite, complete the Business Owner/Operator Identification page and the Hazardous Materials Inventory - Chemical Description page, in addition to both the Emergency Response Plan and Training Plan.

- 4a. **REGULATED SUBSTANCES** – Refer to **www.oes.ca.gov**, hazardous materials, CalARP guidance documents for regulated substances. Check the box to indicate whether your facility has CalARP regulated substances stored onsite.

B. Underground Storage Tanks (USTs)

5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) §25316. If "YES", then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.

C. Above Ground Petroleum Storage Tanks (ASTs)

8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite, which exceed the regulatory thresholds. (There is no page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC §25270.2 (g)). Total storage capacity greater than 1,320 gallons for all ASTs. An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC §25270.2 (k)) is not subject to this act and is exempt:
- A pressure vessel or boiler, which is subject to Division 5 of the Labor Code;
 - A storage tank containing hazardous waste if a hazardous waste facility permit has been issued for the storage tank by DTSC;
 - An aboveground oil production tank, which is regulated by the Division of Oil and Gas, certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.

D. Hazardous Waste

9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Also, complete the County of Riverside, Hazardous Waste Generator form. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether you recycle more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC §25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials, which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "**Treatment**" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of

“treatment” processes under specific, limited conditions. Refer to HSC §25123.5 (b) for these specific exemptions. Treatments of certain laboratory hazardous wastes do not require authorization. Refer to HSC §25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and 1 set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.

- 12. FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR §67450.13 (b) and HSC §25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
- 13. REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer “YES” if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. Eligibility must be pursuant to the conditions in HSC §25110.10. If your facility consolidates hazardous waste generated at a remote site, complete the Remote Waste Consolidation Site Annual Notification page.
- 14. HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
- Knowledge of the tank and its contents;
 - The mixture rule;
 - Testing of the tank;
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32;
 - Inability to remove hazardous materials stored in the tank.
- If the tank being closed would be classified as hazardous waste **after** its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
- 14a. RCRA LQG** – Check the appropriate box to indicate whether your facility is a Large Quantity Generator (LQG). If YES, you must obtain a US EPA ID Number.
- 14b. HOUSEHOLD HAZARDOUS WASTE COLLECTION** – Check the appropriate box to indicate whether you facility is a HHW Collection site.
- 15. LOCAL REQUIREMENTS**
Note: if you have answered “NO” to question “A” listed above, complete and submit the **Statement of Exemption** page.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page ___ of ___

I. IDENTIFICATION

FACILITY ID#												1	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)													3	BUSINESS PHONE		102	
BUSINESS SITE ADDRESS													103	BUSINESS FAX		102a	
BUSINESS SITE CITY										104	CA	ZIP CODE		105	COUNTY		108
DUN & BRADSTREET										106	PRIMARY SIC		107	PRIMARY NAICS		107a	
BUSINESS MAILING ADDRESS													108 a				
BUSINESS MAILING CITY										108 b	STATE		108 c	ZIP CODE		108 d	
BUSINESS OPERATOR NAME										109	BUSINESS OPERATOR PHONE				110		

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE		112		
OWNER MAILING ADDRESS					113	
OWNER MAILING CITY		114	STATE	115	ZIP CODE	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE		118		
CONTACT MAILING ADDRESS		119	CONTACT EMAIL		119a	
CONTACT MAILING CITY		120	STATE	121	ZIP CODE	122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
PAGER #	127	PAGER #	132

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133

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	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137

Business Owner/Operator Identification

Please submit the **Business Activities** page, the **Business Owner/Operator Identification** page, and **Hazardous Materials Inventory - Chemical Description** page(s) for all hazardous materials inventory submissions. For the inventory to be considered, the completed Business Owner/Operator Identification page must be signed and dated by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the pages. These data element numbers are used for electronic submission and are 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 the Certified Unified Program Agency (CUPA) identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** – Leave this blank. This number is assigned by the CUPA or AA. This is the unique number, which identifies your business.

3. **BUSINESS NAME** - Enter the “Doing Business As” name.

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.

- 102a. **BUSINESS FAX** – Enter the business fax number, area code first.

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. **BUSINESS SITE 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 (800) 237-3869 or on the web at www.dnb.com .

107. **PRIMARY SIC NUMBER** - Enter the primary **Standard Industrial Classification** system number. Required for EPCRA reporting.

- 107a. **NAICS NUMBER** – Enter the primary **North American Industrial Classification System** number.

108. **COUNTY** - Enter the county in which the business site is located.

- 108a. **BUSINESS MAILING ADDRESS** – Enter the mailing address to be used for all official business correspondence. This mailing address must be filled in.

- 108b. **BUSINESS MAILING CITY** – Enter the name of the city for the business mailing address.

- 108c. **STATE** – Enter the 2 character abbreviation of the state for the business mailing address.

- 108d. **ZIP CODE** – Enter the zip code for the business mailing address. The extra 4-digit zip may also be added.

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. **BUSINESS OWNER NAME** - Enter name of business owner, if different from business operator.
112. **BUSINESS OWNER PHONE** - Enter the business owner's phone number if different from business phone, include area code and any extension.
113. **BUSINESS OWNER MAILING ADDRESS** - Enter the owner's mailing address if different from business mailing address.
114. **BUSINESS OWNER CITY** - Enter the name of the city for the owner's mailing address, if different from business mailing address.
115. **OWNER STATE** - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. **OWNER ZIP CODE** - Enter the zip code for the owner's address, if different from business mailing address. The extra 4-digit zip may also be added.
117. **ENVIRONMENTAL CONTACT NAME** - Enter the name of the person who receives all environmental correspondence.
118. **CONTACT PHONE** - Enter the phone number, if different from Owner or Operator, for the environmental contact, include area code and any extension.
119. **CONTACT MAILING ADDRESS** - Enter the mailing address where all environmental contact correspondence should be sent.
- 119a. **CONTACT EMAIL** – Enter the email address of the environmental contact in item 117, if the contact has one.
120. **CONTACT MAILING CITY** - Enter the name of the city for the environmental contact's mailing address.
121. **STATE** - Enter the two 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 material 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 that is answered 24 hours a day. If it is not the contact's home or cell 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 a 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 hours a day. If it is not the contact's home or cell 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** - This space may be used for local agencies to collect any additional information necessary to meet the requirements of their individual programs. Provide a description of the business and an e-mail address if available.
134. **DATE** - Enter the date that the document was signed. (YYYYMMDD)
135. **NAME OF 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 page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete. **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 the signer's 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 page.

HAZARDOUS WASTE GENERATOR, COUNTY OF RIVERSIDE

Please submit the HAZARDOUS WASTE GENERATOR, COUNTY OF RIVERSIDE supplemental form if the business generates hazardous waste in accordance with Title 22, Division 4.5, Chapter 11. Contact the County of Riverside, Hazardous Materials Division at (951) 358-5055 if there are questions regarding hazardous waste.

1. FACILITY ID NUMBER- This number is assigned by the CUPA. This is the unique number which identifies your business.

3. BUSINESS NAME- Enter the full legal name of the business.

103. BUSINESS SITE ADDRESS- Enter the street address where the business is located **only if there is more than one location**. This information must provide a means to geographically locate the business.

NUMBER OF EMPLOYEES- Enter the number of employees at the business.

HAZARDOUS WASTE GENERATED- **a.** Enter the federal or state waste code and the approximate amount of hazardous waste generated per month. If the waste codes are not available then go to “**b.**”

b. Check the type of hazardous waste and list the approximate amount generated per month.