



APPLICATION

BUSINESS OWNER/OPERATOR IDENTIFICATION FORM
(HAZARDOUS MATERIAL FACILITY INFORMATION)

I. FACILITY IDENTIFICATION			
FACILITY ID #		YEAR BEGINNING	YEAR ENDING
		100	101
BUSINESS NAME (Same as FACILITY NAME or DBA)		3	BUSINESS PHONE
			102
SITE ADDRESS			103
CITY	104	STATE	105
BAKERSFIELD		CA	
DUNN & BRADSTREET #	106	SIC CODE	107
			108
COUNTY			
OPERATOR NAME	109	OPERATOR PHONE	110
II. OWNER INFORMATION			
OWNER NAME	111	OWNER PHONE	112
OWNER MAILING ADDRESS			113
CITY	114	STATE	116
		115	116
III. ENVIRONMENTAL CONTACT			
CONTACT NAME	117	CONTACT PHONE	118
CONTACT MAILING ADDRESS			119
CITY	120	STATE	122
		121	122
IV. EMERGENCY CONTACTS			
PRIMARY		SECONDARY	
NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
24-HOUR PHONE	126	24-HOUR PHONE	131
CELL PHONE	127	CELL PHONE	132
133			
V. CERTIFICATION			
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 in this inventory and believe the information is true, accurate, and complete.			
SIGNATURE OF DOCUMENT PREPARER	136	DATE	135
		134	135
NAME OF OWNER/OPERATOR (SIGN & PRINT)	137	TITLE OF DOCUMENT PREPARER	138
			138

HAZARDOUS MATERIAL FACILITY INFORMATION BUSINESS OWNER/OPERATOR IDENTIFICATION

Please submit the Business Activities page, the Hazardous Material Facility Information (HMFP) Business Owner/Operator Identification Form, and Hazardous Material Inventory Chemical Description Form for all hazardous material inventory submissions. For the inventory to be considered, please complete this page; it must be signed by the appropriate individual.

NOTE: The numbering of the instructions follows the data element numbers that are on the Business Owner/Operator Form page. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps our CUPA or AA identify whether the submittal is complete and if any pages are separated.

- 1 **FACILITY I.D. NUMBER** – This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
- 3 **BUSINESS NAME** – Enter the full legal name of the business.
- 100 **BEGINNING DATE** – Enter the beginning year and date of the report.
- 101 **ENDING DATE** – Enter the ending year and date of the report.
- 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 **DUNN & BRADSTREET NUMBER** – Enter the Dunn & Bradstreet number for the facility. The Dunn & Bradstreet number may be obtained by calling 610-882-7748 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, area code first, and any extension.
- 111 **OWNER NAME** – Enter name of business owner.
- 112 **OWNER PHONE** – Enter the business owner phone number, area code first, and any extension.
- 113 **OWNER MAILING ADDRESS** – Enter the owner mailing address.
- 114 **OWNER CITY** – Enter the city for owner mailing address.
- 115 **OWNER STATE** – Enter the 2 character state abbreviation for the owner mailing address.
- 116 **OWNER ZIP CODE** – Enter the zip code for the owner address; extra 4-digit zip may also be added.
- 117 **ENVIRONMENTAL CONTACT NAME** – Enter the name of the person who receives all environmental correspondence and will respond to enforcement activity.
- 118 **CONTACT PHONE** – Enter the phone number at which the environmental contact can be contacted, area code first, and any extension.
- 119 **CONTACT MAILING ADDRESS** – Enter the mailing address where all environmental contact correspondence should be sent.
- 120 **CITY** – Enter the name of the city for the environmental contact mailing address.
- 121 **STATE** – Enter the 2 character state abbreviation for the environmental contact mailing address.
- 122 **ZIP CODE** – Enter the zip code of the environmental contact mailing address; 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 which is answered 24-hours a day. If it is not the contact home phone number, then the service answering the phone must be able to immediately contact the individual.
- 127 **CELL NUMBER** – Enter the cell number for the primary emergency contact.
- 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 home phone number, then the service answering the phone must be able to immediately contact the individual.
- 132 **CELL NUMBER** – Enter the cell number for the secondary emergency contact.
- 133 **ADDITIONAL LOCALLY-COLLECTED INFORMATION** – This space may be used for CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
- 134 **DATE** – Enter the date that the document was signed.
- 135 **NAME OF DOCUMENT PREPARER (FULL PRINTED NAME)** – Enter the full printed name of the person who prepared the inventory submittal information.
- 136 **SIGNATURE OF DOCUMENT PREPARER (FULL SIGNATURE)** – Enter the full signature of the person preparing the page. The signer certifies to a familiarity with the information submitted and that based on the signer inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate, and complete.
- 137 **SIGNATURE OF OWNER/OPERATOR/DESIGNATED REPRESENTATIVE** – The Business Owner/Operator, or officially-designated representative of the Owner/Operator, shall sign and print in the space provided. This signature certifies that the signer is familiar with the signer belief that the submitted information is true, accurate, and complete.
- 138 **TITLE OF DOCUMENT PREPARER** – Enter the title of the person preparing the page.