



**CERTIFICATION OF FINANCIAL ASSURANCE**

**FOR PERMIT BY RULE & CONDITIONALLY AUTHORIZED ON-SITE TREATERS**

WASTE AND TREATMENT PROCESS COMBINATIONS

(One page per treatment unit – check all that apply)

<b>I. FACILITY IDENTIFICATION</b>			
<i>II. (Put an asterisk in the left margin next to the amended information)</i>			
BUSINESS NAME (Same as FACILITY NAME or DBA Doing Business As)			3
FACILITY EPA ID #	2	FACILITY ID#	1
TYPE OF OPERATION <input type="checkbox"/> a PBR-FTU <input type="checkbox"/> b CA <input type="checkbox"/> c Other _____			701
<b>II. ESTIMATED CLOSURE COSTS</b>			
<i>NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of this page.</i>			
ESTIMATED CLOSURE COSTS \$ _____			
<b>III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS</b>			
1. I AM NOT REQUIRED TO PROVIDE A MECHANISM BECAUSE:			703
<input type="checkbox"/> a. I certify that my closure cost estimate is less than or equal to \$10,000, or			704
<input type="checkbox"/> b. Specify other reasons: _____			705
2. AS A PBR OWNER OR OPERATOR, I HAVE NOT OPERATED MORE THAN THIRTY DAYS IN A CALENDAR YEAR. (Does not apply to conditional authorization.)			706
<b>IV. CLOSURE FINANCIAL ASSURANCE MECHANISM</b>			
<input type="checkbox"/> I am required to provide a mechanism and it is attached to this page.			708
EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM _____			707
MECHANISM TYPE <small>(Check one item only)</small>	<input type="checkbox"/> a. Closure Trust Fund	<input type="checkbox"/> d. Closure Insurance	709
	<input type="checkbox"/> b. Surety Bond	<input type="checkbox"/> e. Financial Test and Corporate Guarantee	710
	<input type="checkbox"/> c. Closure Letter of Credit	<input type="checkbox"/> f. Alternative Mechanism	711
		<input type="checkbox"/> g. Multiple Financial Mechanisms	712
		<input type="checkbox"/> h. Certificate of Deposit	713
		<input type="checkbox"/> i. Savings Account	714
FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY / OTHER ORGANIZATION			
ADDRESS			
CITY	712	STATE	713
		ZIP CODE	714
<b>V. OWNER OR OPERATOR CERTIFICATION</b>			
<b>SIGNER OF THIS CERTIFICATION</b> <input type="checkbox"/> a. Owner <input type="checkbox"/> b. Operator			715
I certify that under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR §66270.11)			
SIGNATURE OF OWNER/OPERATOR		DATE	716
NAME OF OWNER/OPERATOR		TITLE OF OWNER/OPERATOR	717



# CERTIFICATION OF FINANCIAL ASSURANCE

## FOR PERMIT BY RULE & CONDITIONALLY AUTHORIZED ON-SITE TREATERS

WASTE AND TREATMENT PROCESS COMBINATIONS

(One page per treatment unit – check all that apply)

This page is to be completed by the owner or operator of a Fixed Treatment Unit operating under Permit by Rule (PBR), or a generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the On-site Hazardous Waste Treatment Notification – Facility page. If this is an existing facility and you have previously submitted a Notification, the certification and the financial assurance mechanism may be submitted without another notification.

Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (22 CCR § 67450.13(b) and HSC §25245.4). However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000 (22 CCR §67450.13(d)). PBR operations that operated less than thirty (30) days in any calendar year are also eligible for an exemption (22 CCR where the waste is generated, and the facility is eligible under the §67450.13(e)). Complete the page even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See 22 CCR § 67450.13(a)(2) for instructions on calculating the adjustments. This updated closure cost estimate must be maintained at the facility. If your cost estimate now exceeds \$10,000 for the first time, you must submit this Certification and a closure cost estimate within 30 days of your CUPA or authorized agency. If the cost estimate adjustment results in an increase and requires a change in your financial mechanism, submit this certification and revised mechanism **within 60 days** (§ 66265.143). Any change in information affecting the closure cost estimate or mechanism must be submitted within 30 days to your CUPA or authorized agency. Refer to 22 CCR § 67450.13 for financial assurance requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF 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 Department of Toxic Substances Control (DTSC) 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 DTSC. This is the unique number which identifies your facility.

**2. EPA ID NUMBER** – Enter the EPA ID number for the facility.

**3. BUSINESS NAME** – Enter the full legal name of the business.

**700. CERTIFICATION STATUS** – Check the reason the certification is being completed.

**701. TYPE OF OPERATION** – Check the type of operation. If type of operation is not listed, check “other” and indicate type in the space provided.

**702. ESTIMATED CLOSURE COSTS** – Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. Following is a model closure cost estimate:

1. Removal, treatment (on-site or off-site), or disposal of waste inventories \_\_\_\_\_
2. Removal and disposal of soil \_\_\_\_\_
3. Decontamination of equipment and structure \_\_\_\_\_
4. Demolition and removal of containment system components or structure \_\_\_\_\_
5. Transportation \_\_\_\_\_
6. Sampling and analysis of waste, soil, equipment and structure \_\_\_\_\_
7. Certification or other demonstration of Closure (“clean” closure or specified level of decontamination) \_\_\_\_\_
8. Other expenses (specify) \_\_\_\_\_
9. Less Assets (salvage value of waste, Equipment or property) \_\_\_\_\_

TOTAL COST OF CLOSURE \_\_\_\_\_

*Note: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for the exemption, enter “EXEMPT” in this space.*

**703. EXEMPTION FROM FINANCIAL ASSURANCE** – Check to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000. A model letter using the required certifications must be submitted to claim this exemption.

**704. EXEMPTION FROM FINANCIAL ASSURANCE – OTHER** – Check the claim “other” reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.

**705. EXEMPTION FROM FINANCIAL ASSURANCE - <30 DAYS PER YEAR** – Check to claim the exemption from financial assurance requirements for owner or operator under PBR only and operating no more than thirty days in any calendar year.

**706. REQUIREMENT FOR FINANCIAL ASSURANCE** – Check to indicate whether the financial assurance mechanism is attached.

**707. DATE OF CLOSURE ASSURANCE MECHANISM** – Enter the effective date of the closure financial assurance mechanism.

**708. MECHANISM ID NUMBER** – If applicable, enter the number of the closure assurance mechanism, for example, the insurance policy number.

**709. CLOSURE ASSURANCE MECHANISM** – Check to indicate the type of financial mechanism established to provide the closure cost assurance. Eligible types are contained in 22 CCR §67450.13(a)(5). They are:

1. A closure trust fund, as provided in 22 CCR 66265.143(a); DTSC Form 1154
2. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR 66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
3. A closure letter of credit, as described in 22 CCR 66265.143(c); DTSC Form 1157
4. Closure insurance, as described in 22 CCR 66265.143(d); DTSC Form 1158
5. A financial test and corporate guarantee for closure, as described in 22 CCR 66265.143(e); either DTSC Form 1159 or 1173



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6. An alternative mechanism for closure costs, as described in 22 CCR 67450.13(c); (no form)
7. Use of multiple financial mechanisms for closure costs, as described in 22 CCR 66265.143(g); (no form)
8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.

**715. SIGNER OF CERTIFICATION** – Check to indicate whether the person certifying is the owner or the operator of the facility.

**716. SIGNATURE** – The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. The authorized signatory must be completed as specified in Title 22, CCR, section 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. Original signatures are required on all documents submitted.

**717. DATE CERTIFIED**–Enter the date that the page was signed.

**718. OWNER/OPERATOR NAME** –Enter the full printed name of the person signing the page.

**719. OWNER/OPERATOR TITLE**– Enter the title of the person signing the page.

- 710. FINANCIAL INSTITUTION OR SURETY NAME**  
**711. FINANCIAL INSTITUTION OR SURETY ADDRESS**  
**712. FINANCIAL INSTITUTION OR SURETY CITY**  
**713. FINANCIAL INSTITUTION OR SURETY STATE**  
**714. FINANCIAL INSTITUTION OR SURETY ZIP CODE**

For items **710 – 714**, enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure financial assurance. Indicate your company if you are using a corporate guarantee and financial test.