# HUNTINGTON BEACH FIRE DEPARTMENT
## HAZARDOUS MATERIALS DISCLOSURE PROGRAM
# BUSINESS OWNER/OPERATOR IDENTIFICATION



## 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 108a | | | |
| BUSINESS MAILING CITY 108b | STATE 108c | ZIP CODE 108d | |
| 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 |

## 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 |
| 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 pages 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 Unified Program Consolidated Form (UPCF) pages. These data element numbers are used for electronic submission and are the same as the numbering used in Division 3, Electronic Submittal of Information.)
Please number all pages of your submittal. This helps Unified Program Agency (UPA) 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 UPA. This is the unique number which identifies your facility.
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 – If subject to EPCRA, enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or on the web at www.dnb.com.
107. SIC NUMBER - Enter the primary Standard Industrial Classification System Number. Required for EPCRA.
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 two 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, area code first, 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. BUSINESS OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address, if different from business mailing address.
116. BUSINESS 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, area code first, 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 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 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 to be contacted in case there is 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 the 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 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 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 UPA to collect any additional information necessary to meet the requirements of their individual programs. Contact UPA for guidance.
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