



VENTURA COUNTY ENVIRONMENTAL HEALTH DIVISION
CalARP PROGRAM REGULATED SUBSTANCE REGISTRATION

THIS PAGE IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (INCLUDING FEDERAL LISTED AND STATE LISTED REGULATED SUBSTANCES) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE Cal ARP (CALIFORNIA ACCIDENTAL RELEASE PREVENTION) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A REGISTRATION FOR EACH REGULATED SUBSTANCE PER EACH PROCESS.

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|---|------|-----------|---------------------|---|---|------------------|--|------------|--|------|------|
| REASON FORM IS BEING SUBMITTED: <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> DE-REGISTRATION <input type="checkbox"/> WITHDRAWAL | | | | | | | | | | 247 | |
| BUSINESS NAME AND ADDRESS | | | | | | | | | | 3 | |
| FACILITY ID# | | 1 | USEPA FACILITY ID # | | | 2 | PROGRAM LEVEL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | 246c | |
| NAME OF CORPORATE PARENT COMPANY | | | | | 246d | DUN & BRADSTREET | | | | 106 | |
| PERSON RESPONSIBLE FOR RMP (First Name, Last Name) | | | | TITLE | | | E-MAIL ADDRESS (Optional) | | | 246e | |
| EMERGENCY CONTACT AND TITLE | | | | PHONE AND EMERGENCY PHONE | | | | | | | |
| PARENT COMPANY E-MAIL ADDRESS (Optional) | | | | 246f | COMPANY HOMEPAGE ADDRESS (Optional) | | | | | 246g | |
| NAME OF RMP PREPARER | | | | | PHONE NUMBER | | | | | 246h | |
| RMP PREPARER MAILING ADDRESS | | | | 246i | PHONE NUMBER FOR PUBLIC INQUIRIES (Optional) | | | | | 246j | |
| LATITUDE | 246k | LONGITUDE | 246l | METHOD USED TO OBTAIN LATITUDE AND LONGITUDE | | | | | | 246m | |
| LOCATION DESCRIPTION | | | 246n | NUMBER OF EMPLOYEES | | 246o | PROCESS NAICS | | | 107a | |
| LEPC COMMITTEE (Optional) | | | | 246p | OSHA VOLUNTARY PROTECTION PROGRAM STATUS (Optional) | | | | | 246q | |
| DOES THE FACILITY HAVE SUBSTANCES LISTED IN 40 CFR 355 APPENDIX A (EHS)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 208 | DO ANY PROCESSES REQUIRE A CLEAN AIR ACT TITLE V OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 246r | PERMIT NO. | | | 246s |
| IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | 246t | LAST SAFETY INSPECTION DATE | | AGENCY | | | 246u | |
| CHEMICAL NAME | | | | | 205 | CAS# | | | | 209 | |
| MAXIMUM DAILY AMOUNT | | | | | 218a | UNITS IN POUNDS | | | | 221 | |
| PROCESS DESCRIPTION | | | | | | | | | | 246v | |
| PRINCIPAL EQUIPMENT | | | | | | | | | | 246w | |
| <u>CERTIFICATION</u> | | | | | | | | | | | |
| I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge based upon reasonable inquiry. I am fully aware that this certification executed on the date indicated below is made under penalty of perjury under the laws of the State of California. | | | | | | | | | | | |
| OWNER/OPERATOR NAME | | | | 246x | OWNER/OPERATOR TITLE | | | | | 246y | |
| OWNER/OPERATOR SIGNATURE | | | | DATE | | | | | | 246z | |