

HAZARDOUS MATERIALS REGISTRATION FORM

(Individual quantities less than state Hazardous Materials Business Plan reporting requirements)

A. General Information

This Registration Form is to be completed and returned to the appropriate local agency if your facility has hazardous materials and none of the individual hazardous materials quantities equals or exceeds 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for gases or otherwise requires submittal of a Hazardous Materials Business Plan (HMBP). If, at any time, any of your individual hazardous materials quantities equals or exceeds the above amounts, a HMBP may be required pursuant to Chapter 6.95 of California Health and Safety Code. If you must submit a HMBP, this Registration Form is not required.

B. Facility Information

Business Name: _____ Type of Business: _____
 Site Address: _____ City: _____ Zip: _____
 Mailing/Billing Address: _____ City: _____ Zip: _____
If different from site address
 Business Owner/Contact Person: _____ Phone No.: () _____ ext. _____
 Property Owner: _____ Phone No.: () _____ ext. _____
 EPA ID Number (if applicable): _____ SIC Code: _____

C. Non-Waste Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

Hazard Class	Chemical/Common Name	Max. Qty. (at any one time)	Container Size (single largest container)	Location(s) (see section F)
		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	
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		<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft.	

Facility Site Plan/Storage Map

Site Address: _____ City: _____

Date Map Drawn: _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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