



Orange County Health Care Agency

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CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM REGISTRATION FORM

This form supplements information collected on the Unified Program Consolidated (UPC) Form Business Activities and Business Owner/Operator Identification pages of your facility's Hazardous Materials Business Emergency Plan (HMBEP).

A. Facility Information

Facility Name (DBA): _____	
Facility Site Address: _____	
Name of Corporate Parent Company (if applicable): _____	
Dun & Bradstreet Number of Corporate Parent Company (if applicable): _____	
Facility Lat.: _____	Long.: _____ Number of Full Time Employees at Facility: _____
Date of Last Safety Inspection by a Federal, State, or Local Government Agency: _____	
Name of Agency Which Conducted Safety Inspection: _____	
Qualified Person Responsible for RMP Elements and Program Implementation	Is This Facility Subject to Section 5189 of Title 8, California Code of Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Is This Facility Subject to Part 355 of Title 40, Code of Federal Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title/Position: _____	Is This Facility Subject to an Operation Permit Under Title V of the Clean Air Act? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone No.: _____ ext. _____	
Email: _____	

B. Regulated Substance List

Note: Additional space is provided on reverse of this page

Name of Regulated Substance Held Above the Threshold Quantity in the Process	CAS Number	Maximum Quantity in Pounds (to 2 significant digits)*	SIC Code	Program Level of Process
1.				
2.				
3.				
4.				

* Only the weight of the regulated toxic substance in a mixture is considered, not the weight of the entire mixture.

C. Certification

I, the owner or operator of the aforementioned facility, 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 (Print): _____ Owner/Operator Title: _____

Owner/Operator Signature: _____ Date Executed: _____

Regulated Substance List (Continued)

[illegible]

* Only the weight of the regulated toxic substance in the mixture is considered, not the weight of the entire mixture.