

**County of Santa Clara**  
**Department of Environmental Health**

Hazardous Materials Compliance Division  
 1555 Berger Drive Suite 300  
 San Jose California 95112  
 Attn: California Accidental Release Program  
 (408) 918-3400



**CAL-ARP PROGRAM REGISTRATION FORM**

**I. Registration:**

<b>Registration Type:</b>	<b>Revision Type:</b>	
<input type="checkbox"/> New	<input type="checkbox"/> Updates and Re-Submissions per 2745.10 (a) and (b)	<input type="checkbox"/> Corrections per 2745.10.5
<input type="checkbox"/> Revision	<input type="checkbox"/> De-registration per 2745.10 (c) or (d)	<input type="checkbox"/> Withdrawals

**II. Business Owner/Operator Information:**

Business Name/dba:				
Street:	City:	State:	Zip Code:	County:
Latitude:	Longitude:	Method for Obtaining Lat./Long:		Description of Location Lat./Long. Represents:
Owner/Operator Name	Dun & Bradstreet Number:	Parent Company Name and Dun & Bradstreet Number:		Phone Number:
Mailing Address Street:	Name & Title of Person/Position with Overall RMP Responsibility:		City:	State: Zip Code:
24-Hr. Emergency Contact Name and Title:		Emergency Contact E-mail address:		24 Hr Emergency Phone Number:
SS USEPA Identifier:	Number of Full-Time Employees:	8CCR § 5189? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	40 CFR Part 355? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
CAA Title V operating permit? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		CAA Permit Number:		
Last Safety Inspection Date and Name of Agency:				

**III. RMP Contractor Information:**

RMP Contractor Name:			Phone Number:	
RMP Contractor Mailing Address- Street:	City:	State:	Zip Code:	

**IV. Cal ARP Registration Certification:**

I, the owner or operator of the aforementioned facility, hereby certify that the registration information herein 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 Signature	Date:

**V. Regulated Substances List (per covered process)**

Process Number	1			
Process Description:				
Program Level:				
NAICS Code:				
Chemical:	Name	CAS #	Concentration (%)	Quantity (lbs.)

Process Number	2			
Process Description:				
Program Level:				
NAICS Code:				
Chemical:	Name	CAS #	Concentration (%)	Quantity (lbs.)

Process Number	3			
Process Description:				
Program Level:				
NAICS Code:				
Chemical:	Name	CAS #	Concentration (%)	Quantity (lbs.)