



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
PHONE: (858) 505-6990; FAX: (858) 505-6786; EMAIL: hmdutyeh@sdcounty.ca.gov**

CERS ACCESS/I.D. REQUEST FORM

All Certified Unified Program Agency (CUPA) regulated businesses are required by law (Assembly Bill 2286) to submit business information electronically through the California Environmental Reporting System (CERS). This includes information related to your:

- Unified Program Facility Permit
- Hazardous Materials Business Plan
- Hazardous Waste
- Hazardous Waste Onsite Treatment
- Hazardous Waste Tank Closures
- Remote Waste Consolidation
- Recyclable Materials Reports
- Underground Storage Tanks
- Aboveground petroleum storage over 1,320 gallons
- Medical Waste**

A CERS I.D. is required in order to obtain or maintain a valid Unified Program Facility Permit. Please send your completed form to the County of San Diego Hazardous Materials Division (address above). When your CERS account is established, your designated lead users will receive an email with directions to begin electronic reporting.

** In San Diego County, Medical Waste Generators are required to report in CERS in order to receive a valid permit.

<input type="checkbox"/> Change of Owner (C/O): a business is sold to a new owner.			PERMIT/RECORD NUMBER
<input type="checkbox"/> Relocation: a business moves to a new address and owner remains the same.			CERS ID NUMBER
<input type="checkbox"/> New Business: a business opens in a vacant or newly constructed building.			
<input type="checkbox"/> CERS Assistance Requested: none of the above are applicable. I need access to my CERS account.			
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)*			BUSINESS PHONE*
SITE ADDRESS*			SUITE NUMBER*
CITY*	CA	ZIP*	DATE ASSUMED OWNERSHIP*
BUSINESS ORGANIZATION, CORPORATE NAME, LLC, or OWNER FIRST AND LAST NAME*			BUSINESS OWNER PHONE*

II. PREVIOUS ADDRESS (IF APPLICABLE)

PREVIOUS SITE ADDRESS			PREVIOUS PERMIT/RECORD NUMBER
PREVIOUS CITY	CA	ZIP	PREVIOUS CERS ID

III. CERS LEAD USERS

–PRIMARY–		–SECONDARY–	
NAME*		NAME	
TITLE*		TITLE	
BUSINESS PHONE*		BUSINESS PHONE	
E-MAIL:*		E-MAIL:	

*Required

I authorize the Hazardous Materials Division to create my CERS ID. I understand that I am responsible for completing and maintaining my facility information in CERS as required by law. I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER OR OPERATOR*	DATE*
NAME OF SIGNER (print)*	TITLE OF SIGNER*

OFFICE USE ONLY	<input type="checkbox"/> Plan Check (HHMBP#: _____) Last Inspection date: _____
	<input type="checkbox"/> Processed C/O (date: _____) <input type="checkbox"/> Added Lead Users (date: _____)
	Received by (date/initials: _____) Completed by (initials: _____)

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