



**COUNTY OF SAN DIEGO CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(858) 505-6880 FAX (858) 505-6848**

CalARP REGULATED SUBSTANCE DISCLAIMER / DEREGISTRATION

I. IDENTIFICATION

FACILITY ID# (Same as UPF Permit #)	3 7 0 0 0	Date Submitted: / /
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	³ BUSINESS PHONE ()	
BUSINESS SITE ADDRESS		
CITY	CA	ZIP CODE
BUSINESS OPERATOR NAME	BUSINESS OPERATOR PHONE ()	
MAILING ADDRESS		
CITY	STATE	ZIP CODE

II. COMPLETE FOR REGULATED SUBSTANCES NO LONGER HANDLED AT THE ABOVE SITE

1. Name of Regulated Substance:
Reason for discontinued use / or replacement chemical that is not a regulated substance:
2. Name of Regulated Substance:
Reason for discontinued use / or replacement chemical that is not a regulated substance:
3. Name of Regulated Substance:
Reason for discontinued use / or replacement chemical that is not a regulated substance:

III. COMPLETE FOR REGULATED SUBSTANCES HANDLED BELOW THRESHOLD QUANTITY

NAME OF SUBSTANCE	TOTAL AMOUNT STORED ON SITE (LBS)	SIZE OF LARGEST STORAGE CONTAINER
1.		
2.		
3.		

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete. I understand that if I submit a disclaimer and am now or in the future subject to the RMP requirements, a new RMP will be required. The RMP will be for a new process and any regulated substance(s) cannot be brought on site or increased above the threshold until a complete RMP has been submitted.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE ¹³⁴	NAME OF DOCUMENT PREPARER ¹³⁵
NAME OF SIGNER (print) ¹³⁶	TITLE OF SIGNER ¹³⁷	

O F F I C E	INSTRUCTIONS FOR DISCLAIMER ACCEPTANCE	DISCLAIMER ACCEPTED ____/____/____ BY: _____
		<input type="checkbox"/> Enter Comment in AA: “CalARP disclaimer submitted ____/____/____ indicated below TQ / discontinued use.” <input type="checkbox"/> Change Route to _____. <input type="checkbox"/> Update AA 01a Tab to remove CalARP
	HIRT SITE <input type="checkbox"/> YES <input type="checkbox"/> NO	REMARKS: _____

CalARP REGULATED SUBSTANCE DISCLAIMER/DEREGISTRATION FORM

This form is to be completed by facilities that 1) no longer handle regulated substances and 2) by facilities that have reduced their usage of a regulated substance below the threshold quantities in a process.

I. IDENTIFICATION

FACILITY ID # - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a UPFP leave this blank.

BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA"- Doing Business As.

DATE - Enter the date (MMDDYYYY) the disclaimer was prepared.

BUSINESS PHONE - Enter the phone number, area code first, and any extension.

BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #113- #116.

CITY - Enter the city or unincorporated area in which business site is located.

ZIP CODE - Enter the zip code of business site. The extra 4-digit zip may also be added.

BUSINESS OPERATOR NAME - Enter the name of the business operator who handles CalARP, RMP issues.

BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.

MAILING ADDRESS - Enter the mailing address where business related correspondence should be sent, if different from business site address.

MAILING ADDRESS OWNER CITY - Enter the name of the city for the mailing address.

MAILING ADDRESS OWNER STATE - Enter the 2 character state abbreviation for the mailing address.

MAILING ADDRESS OWNER ZIP CODE - Enter the zip code for the mailing address. The extra 4-digit zip may also be added.

II. RCOMPLETE FOR EGULATED SUBSTANCES NO LONGER HANDLED AT THE ABOVE SITE

1, 2 or 3. List the name of the regulated substance, and CAS Number. List the reason for discontinued use of a regulated substance, or the chemical that is not a Regulated Substance used as a substitute.

III. COMPLETE FOR REGULATED SUBSTANCES HANDLED BELOW THEIR THRESHOLD QUANTITIES

1, 2, or 3. List the name of the regulated substance, and CAS Number.

TOTAL AMOUNT STORED ON SITE- the total quantity, in pounds, of the regulated substance onsite in all containers, tanks, vessels, and process equipment.

SIZE ON LARGEST STORAGE CONTAINER-the actual size of the largest storage container or tank.

CERTIFICATION:

SIGNATURE DATE - Enter the date that the document was signed (MMDDYYYY).

NAME OF DOCUMENT PREPARE - Enter the full name of the person who prepared the inventory submittal information.

NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate, and complete.

SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that **submitted information is true, accurate and complete.**

TITLE OF SIGNER - Enter the title of the person signing the page.

If your facility submits a disclaimer and is now or in the future subject to the RMP requirements, you will need to submit a new RMP and be subject to the RMP review process. The RMP will be considered for a new process and you will be prohibited from bringing the regulated substance(s) on site or increasing the quantity above the threshold until a complete RMP has been submitted.