

County of San Diego DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY HAZARDOUS MATERIALS DIVISION

CERS APPLICATION

Request to Submit CERS Facility Information to Initiate Unified Program Facility Permit

All Certified Unified Program Agency (CUPA) regulated facilities are required by law (Assembly Bill 2286) to submit business information electronically through the California Environmental Reporting System (CERS). Visit https://www.sandiegocounty.gov/content/sdc/deh/hazmat/hmd_cers.html

SUBMITTING THIS FORM DOES NOT GRANT YOU A UNIFIED PROGRAM FACILITY PERMIT (UPFP) MONITOR EMAIL FOR ADDITIONAL INSTRUCTIONS & ACTIONS REQUIRED

I. BUSINESS NAME	& LOCATION DETAI	LS FOR ACCESS REQUESTS	S ONLY- FILL OUT SECTIONS I, II, 8	& <i>VI</i>	
Reason for request:	☐ Lead User Access ☐ Nev	w Business Relocation	☐ Change of Ownership ☐ Closure	e Date of Occurer	nce
Facility Name (This name will be printed on your permit)			CERS ID(e.g. 10301234)	Permit/Record ID	e.g. DEH2002-HUPFP-123456)
Business or Parent Organization Name (if different than facility name)			Past CERS ID (if you relocated)	Past Permit/Record	d ID (if you relocated)
Current Site Address		Suite	e City		ZIP/Postal Code
Previous Site Address	(if you relocated)	Suite	e City		ZIP/Postal Code
The two users designated must create a unique user	below will be granted acc account and log in to CE w permits are typically iss	ess to this facility in the c	ISS REQUESTS ONLY- FILL Of conline California Environmental corting elements. Once submitt ction is conducted and only after Secondary Lead User I	Reporting System (CE ted, lead users will be near your inventory has be	RS). These lead users otified via email on the
Title	, F	Phone	Title		Phone
Email (Must be different than see	condary lead user's email)		Email (Must be different than pro	imary lead user's email)	
Owner Identification Title	E	Business Phone	□ Change of Ownership Previous Business Name (or or		
Email Owner Mailing Address	S	ame as Site Address ☐	Are business operations an ☐ Yes Has there been major staffii	□ No □ Ur ng changes due to the ch	known ange in ownership?
City	State	ZIP/Postal Code	☐ Yes Is the inventory reported in ☐ Yes	CERS for this facility ren	known naining the same? known
IV. BUSINESS OWNI	kept confidential and are used fo	NTIFICATION & EM	ERGENCY CONTACT INF		Same as Owner □
Operator Name		Same as Owner	Primary Emergency Co	ontact Name	Business Phone
Operator Phone	Business Phone	Business Fax	Title		24-Hour Phone*
Billing Contact First & Last Name	F	Same as Owner □ Phone	Secondary Emergency (Must be different than Primary Emergency)		Same as Owner Business Phone
Email			Title		24-Hour Phone*
Mailing Address		Same as Site Address ☐ Suite	Environmental Contact	Name	Same as Owner
City	State	ZIP/Postal Code	Email		Phone

CERS BUSINESS ACTIVITIES

V. REGULATED BUSINESS ACTIVITIES

Hazardous Materials/Waste Inventory CHECK ALL THAT A	<i>IPPLY</i>					
Regulated facilities in San Diego County are required by local ordinance to report all medical waste(s) and hazardous waste(s) generated in the Hazardous Materials Inventory submittal element. San Diego County Code §68.904(a)(2), §68.905, §65.1202. Does your facility have on site (for any purpose) at any one time any of the following reportable inventory items?						
CHECK ALL THAT APPLY: Hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases Hazardous wastes in any amount Medical wastes in any amount						
Inventory reporting guidance: https://www.sandiegocounty.	gov/c	ontent/sdc/deh/hazmat/hazmat/hmd_chem_reporting_changes.html				
UST: Underground Storage Tank(s)						
Does your facility own or operate underground storage tan	ks?		O Yes	O No		
HW: Hazardous Waste						
HW Generator: Does your facility generate Hazardous Wa	ste?	If yes, provide an EPA ID Number:	O Yes	O No		
HW Treatment: Does your facility treat hazardous waste o	n-site	9?	O Yes	O No		
CA/PBR Financial Assurance: Is your facility's treatment subject to financial assurance requirements for Permit by Rule (PBR) or Conditional Authorization (CA)?						
Remote Consolidation: Does your facility consolidate hazardous waste generated at a remote site?						
HW Tank Closure: Does your facility need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?						
RCRA Large Quantity Generator (LQG): Do any of the fo	llowi	ng apply to this facility?				
 Generates in any single calendar month, or accumulate 	at an (220	pounds) of spill cleanup materials contaminated with RCRA acute	O Yes	O No		
If yes, File Biennial Report (EPA Form 8700-13A/B), and so	atisfy	requirements for RCRA LQG.				
ERM: Excluded Recyclable Materials						
Does your facility recycle more than 100 kg/month of exclu	ded (or exempted recyclable materials (per HSC 25143.2)?	O Yes	O No		
APSA: Aboveground Petroleum Storage Act						
Does your facility own or operate aboveground petroleum storage capacity of 1,320 gallons or more, OR one or more		ge tanks or containers and have a total aboveground petroleum oleum tanks in an underground area?	O Yes	O No		
CalARP: California Accidental Release Program						
Does your facility have Regulated Substances stored onsit California Accidental Release prevention Program (CalARF		quantities greater than the threshold quantities established by the	O Yes	O No		
		RMATION IN CERS FOR ACCESS REQUESTS ONLY- FILL OUT SECTION. D; enter the information included on this form into my CERS account; and subm		Į.		
information through CERS on behalf of my business.		nation through CERS will not be fully satisfied by submitting this form and that I		sible		
for completing and maintaining my Facility Information and all other a	applica	able submittal sections in CERS as required by State law and local ordinance. he information contained on this form to be true, accurate and complete.	ант гоорон	5.570		
Name of Authorizer		Title of Authorizer Da	ate			

Before clicking "Submit Form," please download this application locally to your computer

OFFICE USE ONLY								
RECEIVED ON:	PROCESSED ON:	PROCESSED BY:	C/O	SEAMLESS				