

UNIFIED PROGRAM CONSOLIDATED FORM

**City of Gilroy CUPA: Hazardous Materials, Fire Prevention, and Chemical Control
BUSINESS OWNER/OPERATOR IDENTIFICATION FORM**

I. IDENTIFICATION

FACILITY ID#	4	3	0	0	2											1	SUBMITTAL DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)													3	BUSINESS PHONE			102			
BUSINESS SITE ADDRESS																			103	
CITY												104	CA	ZIP CODE			105			
DUN & BRADSTREET(ONLY REQUIRED FOR HAZ MAT/ FEDERAL SARA SITES)												106	SIC CODE (4 digit #)			107				
CITY BUISINESS LICENSE (REQUIRED FOR ALL)												COUNTY			108					
												SANTA CLARA COUNTY								
BUSINESS OPERATOR NAME												109	BUSINESS OPERATOR PHONE			110				

II. BUSINESS OWNER

OWNER NAME												111	OWNER PHONE			112			
OWNER MAILING ADDRESS																			113
CITY												114	STATE	115	ZIP CODE			116	

III. ENVIRONMENTAL CONTACT

CONTACT NAME												117	CONTACT PHONE			118			
CONTACT MAILING ADDRESS																			119
CITY												120	STATE	121	ZIP CODE			122	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME												123	NAME			128
TITLE												124	TITLE			129
BUSINESS PHONE												125	BUSINESS PHONE			130
24-HOUR PHONE												126	24-HOUR PHONE			131
PAGER #												127	PAGER #			132

ANNUAL CERTIFICATION SECTION, CUPA Program Facilities Only check one below:

- ! I have reviewed the HMBP that is on site and has been filed with the City of Gilroy, and certify under penalty of law, that the information on the chemical inventory pages, facility diagram/map page(s), emergency response pages, and employee training plan pages, is true and accurate and complete.
- ! I have reviewed the HMBP and amendments are necessary. I have included the amendments with this form. These constitute a true, accurate and complete HMBP for the facility, a copy of which is maintained on-site.

PROPERTY OWNER INFORMATION: Provide the property owner information in the space provided on the back of this form.

Signature Certification: Based on my inquiry of those individuals responsible for obtaining the information, 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 (sign below)

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

PROPERTY OWNER INFORMATION		
OWNER NAME	OWNER PHONE	
OWNER MAILING ADDRESS		
CITY	STATE	ZIP CODE

INFORMATION ABOUT THE OWNER- OPERATOR PAGE

This form is to be completed for any of the following permits: **Hazardous Materials Storage Permit** (CUPA program), **Industrial Waste** (waste water discharges) and **Fire Code Permits** (per Fire Code) in the City of Gilroy. This form is to be submitted for initial permit applications, submission of changes in information, submission of other forms, renewal application and changes in ownership or business operator. This form is to be accompanied by a **Business Activity Form** (which indicates which programs apply) for new permits or when adding permit activities. There may be additional forms that are to be provided as indicated below:

- **Hazardous Materials Permit/CUPA program:** Hazardous Materials Business Plan Forms; (Spread sheet inventory, site maps/diagrams, emergency/contingency plan, training plan, storage plan), these forms are available at www.unidocs.org
- **Underground Storage Tank:** State UPCF Forms (facility, tank, tank certification, financial certification), these forms are available at www.unidocs.org
- **Tiered Permitting:** Use the State UPCF forms, these forms are available at www.unidocs.org
- **Fire Code Permit:** Attach diagram of the activity, narrative describing activity, and obtain construction permits for building modifications (spray booth, dust control, electrical, tank installation, etc)
- **Industrial Waste:** Significant users (more than 10,000 gal per day) and Federal Categorical facilities complete a BMR form. Others, check any of the following that apply/fill in blanks:
Commercial Cooking; grease trap size: _____ gal; Washing/Laundry Operations;
Photographic/Xray dev.; Industrial boiler; cooling tower; Plating/Anodizing, _____ gal/mo;
Separation/filtration operations: _____ gal/mo; Other process: _____, _____ gal/mo.

Notes: The date in field #100 is completed showing the current date (submittal date). The ending date, field #101, is the permit expiration date (annual renewal). The Annual Certification is for facilities that do a Hazardous Materials Business Plan form. All program applications shall have a signature of the business operator at the bottom of the form.

Annual renewal: Each year the Owner/Operator form will be sent to businesses with the annual fee invoice. However, the permit is still subject to the business's compliance with the permit conditions attached to the initial permit, and with all Federal, State, and Local Hazardous Materials, Hazardous Waste, Fire Code and Industrial Waste Discharge laws and regulations. Businesses are subject to inspection. Permits can be revoked for failure to comply with conditions.

Contact the program at **408-846-0430** with any questions or concerns about hazardous materials, underground tank, above ground tank, hazardous waste, fire code or industrial waste discharge laws and regulations. Office hours are Monday - Friday, 8 am to 5 pm, closed during the noon hour.

THIS SECTION FOR CITY STAFF ONLY:

Forms: HMBP Submitted on ___/___/___, **Reviewed by:** _____, **Approved: yes / no**

Inspection Date: ___/___/___, **Pass**__ **or Fail**__; **Inspector Signature:** _____,

Comments / Conditions: _____