

**Alhambra Fire Department • Participating Agency**  
 Under Los Angeles County • Certified Unified Program Agency  
**BUSINESS OWNER/OPERATOR IDENTIFICATION**

ADD     DELETE     REVISE 200    REPORTING YEAR \_\_\_\_\_    PAGE \_\_\_\_ OF \_\_\_\_

FACILITY ID#	1	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME	3	BUSINESS PHONE				102
SITE ADDRESS					103	
CITY	ALHAMBRA	104	UNINCORPORATED	No	133a.	
DUN & BRADSTREET		106	LOS ANGELES	108	SIC CODE	
BUSINESS OPERATOR'S NAME				109	OPERATOR'S PHONE	
					110	

**BUSINESS OWNER INFORMATION**

OWNER'S NAME (First Name, Last Name)	111	OWNER'S PHONE			112
OWNER'S MAILING ADDRESS	113	CITY	114	STATE	115
					ZIP CODE
					116

**ENVIRONMENTAL CONTACT**

CONTACT NAME (First Name, Last Name)	117	CONTACT PHONE			118
CONTACT MAILING ADDRESS	119	CITY	120	STATE	121
					ZIP CODE
					122

**EMERGENCY CONTACT**

PRIMARY	SECONDARY
NAME (First Name, Last Name)	NAME (First Name, Last Name)
123	128
TITLE	TITLE
124	129
BUSINESS PHONE	BUSINESS PHONE
125	130
24-HOUR PHONE	24-HOUR PHONE
126	131
PAGER #	PAGER #
127	132

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

TOTAL NUMBER OF EMPLOYEES	133b	FEDERAL TAX ID NUMBER	133c
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**MAILING/BILLING INFORMATION**

MAILING ADDRESS	133d	CITY	133e	STATE	133f	ZIP CODE	133g
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**CERTIFICATION**

**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 I am familiar with the information submitted, and believe the information is true, accurate, and complete.

_____ 135	_____ 136	_____ 137
NAME OF DOCUMENT PREPARER (Print First Name, Last Name)	PRINT NAME OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	TITLE
		134
_____ SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		_____ DATE

<b>OFFICIAL USE ONLY</b>	UP FORM	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR		DISTRICT		DATE OF INSP.			DATE RECEIVED		

## INSTRUCTIONS FOR BUSINESS OWNER/OPERATOR IDENTIFICATION FORM

Please submit the Business Activities page, the Business Owner/Operator Identification page, and Hazardous Materials – Chemical Description page(s) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – This number is assigned by the CUPA or PA. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the full legal name of the business.
100. BEGINNING DATE – Enter the beginning year and date of the report (YYYY/MM/DD, ex: 1999/07/01)
101. ENDING DATE – Enter the ending year and date of the report (YYYY/MM/DD, ex: 2000/06/30)
102. BUSINESS PHONE – Enter the area code first, phone number, and extension if any.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located. NO POST OFFICE NUMBERS ARE ALLOWED.
104. CITY- Enter the City or unincorporated area in which the business is located.
105. ZIP CODE – Enter the zip code of the business. The extra 4 digits in the zip code may also be added.
106. DUN & BRADSTREET – Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun & Bradstreet on the internet at [www.dnb.com](http://www.dnb.com).
107. SIC CODE – Enter the primary Standard Industrial Classification Code (SIC) number for primary business activity. Report only the first four digits.
108. COUNTY – Enter the county in which the business is located.
109. BUSINESS OPERATOR NAME – Enter the name of the Business Operator.
110. BUSINESS OPERATOR PHONE – Enter Business Operator's phone number and extension, if different from the business phone.
111. OWNER NAME – Enter the name of the Business Owner, if different from the *Business Operator*.
112. OWNER PHONE – Enter the Business Owner's phone number, if different from the business phone.
113. OWNER MAILING ADDRESS – Enter the Business Owner's mailing address, if different from the business site address.
114. OWNER CITY – Enter the name of the City for the owner's mailing address.
115. OWNER STATE – Enter the 2-character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE – Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. ENVIRONMENTAL CONTACT NAME – Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE – Enter the area code first, phone number, and extension if any, where the environmental contact can be reached.
119. CONTACT MAILING ADDRESS – Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY – Enter the name of the City for the environmental contact's mailing address.
121. STATE – Enter the 2-character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE – Enter the zip code for the environmental contact's mailing address. The extra 4 digits in the zip code may also be added.
123. PRIMARY EMERGENCY CONTACT NAME – Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact SHALL have FULL FACILITY ACCESS, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE – Enter the title for the primary emergency contact.
125. BUSINESS PHONE – Enter the area code first, phone number, and extension if any, for the primary emergency contact.
126. 24-HOUR PHONE – Enter a *24-hour phone number* for the primary emergency contact. The 24-hour phone number MUST BE ONE ANSWERED 24-HOURS A DAY. If it is not the primary emergency contact's home phone number, then the Service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER – Enter the area code first and pager phone number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME – Enter the name of a secondary representative who can be contacted in the event that the primary emergency contact is not available. The secondary contact SHALL have FULL FACILITY ACCESS, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE – Enter the title of the secondary emergency contact.
130. BUSINESS PHONE – Enter the area code first, phone number, and extension if any, for the secondary emergency contact.
131. 24-HOUR PHONE – Enter a *24-hour phone number* for the primary emergency contact. The 24-hour phone number MUST BE ONE ANSWERED 24-HOURS A DAY. If it is not the secondary emergency contact's home phone number, then the Service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER – Enter the area code first and pager phone number for the primary emergency contact, if available.
- 133a. UNINCORPORATED AREA – Alhambra is not Incorporated.
- 133b. NUMBER OF EMPLOYEES – Enter the number of employees working at your facility.
- 133c. FEDERAL TAX ID NUMBER (TIN) – Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
- 133d. MAILING/BILLING ADDRESS – Enter the address that all correspondence and bills should be sent.
- 133e. MAILING/BILLING CITY – Enter the City for the mailing/billing address.
- 133f. MAILING/BILLING STATE – Enter the 2-character state abbreviation for the mailing/billing address.
- 133g. MAILING/BILLING ZIP CODE – Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
134. DATE – Enter the date that the document was signed.
135. NAME OF DOCUMENT PREPARER – Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE – Print the full name of the person signing the document.
137. TITLE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE – Enter the title of the person signing the document.  
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 the person is familiar with the information submitted, and based on their inquiry of those individuals responsible for obtaining the information, it is their belief that the information is true, accurate and complete.