



**CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM  
 REGULATED SUBSTANCE REGISTRATION FORM**

**I. REGISTRATION**

|                                                                                           |                                                                                                                                                                                                  |                                                                                                           |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>REGISTRATION TYPE:</b><br><input type="checkbox"/> New <input type="checkbox"/> Update | <b>UPDATE TYPE:</b><br><input type="checkbox"/> Add <input type="checkbox"/> Revise <input type="checkbox"/> Delete <input type="checkbox"/> Withdrawal <input type="checkbox"/> De-Registration | <b>Program Level:</b><br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**II. FACILITY INFORMATION**

|                                                                                                                                        |           |                                                                                                                                                      |                |          |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Facility Name (DBA)                                                                                                                    |           | Number of Full Time Employees                                                                                                                        | NAICS CODE:    |          |
| Corporate Parent Company Name (if applicable)                                                                                          |           | CERS ID:                                                                                                                                             |                |          |
| Facility Address                                                                                                                       |           | City                                                                                                                                                 | State          | Zip Code |
| Latitude                                                                                                                               | Longitude | U.S. EPA Identifier Number                                                                                                                           |                |          |
| 24-Hour Emergency Contact Name                                                                                                         |           | 24-Hour Emergency Phone #                                                                                                                            | E-mail Address |          |
| Person Responsible for RMP (Name & Title)                                                                                              |           | Phone #                                                                                                                                              | E-mail Address |          |
| Name of Contractor who Prepared or will Prepare RMP (if any)                                                                           |           | Phone #                                                                                                                                              | E-mail Address |          |
| > Does Facility subject have any EHS substances listed in 40 CFR Part 355?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |           | > Do any Processes require a Clean Air Act Title V Operation Permit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      Permit#: _____ |                |          |
| > Is this Facility subject to CalOSHA PSM Requirements (8 CCR 5189)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |           | Last Safety Inspection Conducted by a Federal, State, or Local Government Agency:<br>(Date): _____ (Agency): _____                                   |                |          |

**III. OWNER/OPERATOR INFORMATION**

|                     |  |         |       |          |
|---------------------|--|---------|-------|----------|
| Owner/Operator Name |  | Phone # |       |          |
| Mailing Address     |  | City    | State | Zip Code |

**IV. REGULATED SUBSTANCE LIST**

| 1. Chemical Name    | CAS # | Concentration (%) | Maximum Quantity (in Pounds) |
|---------------------|-------|-------------------|------------------------------|
| 2. Chemical Name    | CAS # | Concentration (%) | Maximum Quantity (in Pounds) |
| 3. Chemical Name    | CAS # | Concentration (%) | Maximum Quantity (in Pounds) |
| Process Description |       |                   |                              |
| Principal Equipment |       |                   |                              |

**V. CERTIFICATION**

**I, as the owner/operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.**

|                              |                       |
|------------------------------|-----------------------|
| Owner/Operator Name (Print): | Owner/Operator Title: |
| Owner/Operator Signature:    | Date:                 |

# INSTRUCTIONS FOR COMPLETING THE CALARP REGULATED SUBSTANCE REGISTRATION FORM

## GENERAL INFORMATION

This registration form is to be completed by an owner or operator of a stationary source that handles one or more Regulated Substances in a process in excess of the threshold quantities. Regulated Substances must be registered for the purpose of complying with the California Accidental Release Prevention (CalARP) program. To complete this form, the registrant should refer to the CalARP regulations located in the California Code of Regulations, Title 19, Section 2735.1 - 2785.1. Additional information can be found on the Governor's Office of Emergency Service's (OES) internet home page at <http://www.oes.ca.gov>. For more information regarding Santa Barbara County CUPA requirements for CalARP please call (805) 346-8460.

## DEFINITIONS

The following definitions of specific terms are from the CalARP regulations to assist the registrant in completing this form:

**"Owner or Operator"** means any person who owns, leases, operates, controls, or supervises a stationary source.

**"Process"** means any activity involving a regulated substance including any use, storage, manufacturing, handling, or on-site movement of such substances, or combination of these activities. For the purposes of this definition, any group of vessels that are interconnected, or separate vessels that are located such that a regulated substance could be involved in a potential release, shall be considered a single process.

**"Regulated Substance"** means any substance listed in California Code of Regulations, title 19, section 2770.5, unless otherwise indicated.

**"Stationary Source"** means any buildings, structures, equipment, installations, or substance emitting stationary activities which belong to the same industrial group, which are located on one or more contiguous properties, which are under the control of the same person (or persons under common control), and from which an accidental release may occur. The term Stationary Source does not apply to transportation, including storage incident to transportation, of any Regulated Substance or any other extremely hazardous substance under the provisions of this chapter. A Stationary Source includes transportation containers used for storage not incident to transportation and transportation containers connected to equipment at a Stationary Source for loading or unloading. Transportation includes, but is not limited to transportation subject to oversight, or regulation under 49 Code of Federal Regulations Part 192, 193, or 195, or a state natural gas or hazardous liquid program for which the state has in effect a certification to the Department of Transportation (DOT) under 49 United States Codes section 60105. A Stationary Source does not include naturally occurring hydrocarbon reservoirs. Properties shall not be considered contiguous solely because of a railroad or pipeline right-of-way.

**"Threshold Quantity"** means the quantity specified for a regulated substance pursuant to California Code of Regulations, Title 19, Section 2770.5 and determined to be present at a stationary source as specified in California Code of Regulations, Title 19, Section 2770.2.

## FORM INSTRUCTIONS

Please indicate the page number and the number of pages to be submitted in the upper right corner of each completed form. If you require additional pages for additional regulated substances, you may copy this form as necessary.

### I. Registration

**REGISTRATION TYPE** – Indicate if this is a new registration or an updated registration by checking the appropriate box.

**UPDATE TYPE** - If this submission is to update a previously submitted registration indicate the type of update as follows:

- Check "ADD" if a regulated substance is being added.
- Check "DELETE" if a regulated substance is being deleted.
- Check "REVISE" if any other information is being modified.
- Check "DE-REGISTRATION" if your facility is no longer subject to the CalARP Program requirements.
- Check "WITHDRAWAL" if your facility was erroneously considered to be subject to the CalARP Program.

**PROGRAM LEVEL** – Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies. Refer to California Code of Regulations, title 19, section 2735.4 (c) - (e) for Program eligibility requirements.

### II. Facility Information

**FACILITY NAME** – Provide the full legal name of the business. This name must be specific to the site.

**FACILITY ADDRESS** – Enter the physical address (no PO Boxes) for the site on which the covered process is located.

**NUMBER OF EMPLOYEES** – Enter the number of workers employed full time at the facility.

**NAICS CODE** - Enter the specific *Standard Industrial Classification Code* for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.

**CORPORATE PARENT COMPANY NAME** – Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.

**CERS ID #** – California Environmental reporting System identifying number for the facility where this form is specific to.

**LATITUDE & LONGITUDE** – Enter the latitudinal and longitudinal coordinates of your facility in "degrees, minutes, and seconds". The readings are to be determined by autonomous global positioning satellite (GPS) equipment. Please indicate if a different method is used to determine the reading.

- **Latitude** is the degrees north or south of the equator. Latitude is to be reported in decimal degrees.
- **Longitude** is the degrees east or west of the prime meridian. Longitude is to be reported in decimal degrees.

**PERSON RESPONSIBLE FOR RMP** – Enter the name, title, Phone # and E-mail address of the person designated as responsible for the RMP.

**CONTRACTOR** - Enter the name, title, Phone # and E-mail address of the contractor hired to prepare the RMP.

**40 CFR 355( EHS)** – The Emergency Planning and Community Right-to-Know Act requires notification of local authorities of the presence of certain Extremely Hazardous Substances listed in 40 Code of Federal Regulations section 302.209. If you have a toxic regulated substance above the threshold quantity in a process, you are subject to Emergency Planning and Community Right-To-Know Act (EPCRA) Section 302 and must check the box marked "yes."

**CAA TITLE V (Operating Permit)** – State and local operating permit programs are required under Title V of the Clean Air Act (40 Code of Federal Regulations Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, "yes" or "no."

**OSHA (PSM)** – The Occupational Safety and Health Administration (OSHA) Process Safety Management (PSM) Standard, codified at 29 Code of Federal Regulation section 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental

releases of hazardous substances. Note: This question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a Regulated Substance. Answer the question either "yes" or "no."

**LAST SAFETY INSPECTION** – Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Department., etc.) that performed the inspection.

### **III. Owner Operator Identification**

**OWNER /OPERATOR** – Enter the name, phone number, and mailing address of the individual that best meets the owner or operator definition above.

### **IV. Regulated Substances List**

Provide the proper chemical name, the Chemical Abstract Service number, concentration in percent by weight, and the maximum quantity (in pounds) for each Regulated Substance (RS) held above the threshold quantity in a single covered process. If the RS is handled in more than one process, list each separately. For de-registration of an RS complete this form and list the chemicals that caused the facility to be subject to CalARP.

**CHEMICAL NAME** – The proper chemical name associated with the CAS number of the hazardous material should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS).

**CAS #** - Enter the Chemical Abstract Service (CAS) number for the hazardous material.

**CONCENTRATION** – Enter the concentration of the Regulated Substance in percent by weight.

**MAXIMUM QUANTITY** – Enter the maximum amount of hazardous material, or mixture containing a hazardous material, which is handled in the process at any one time over the course of the year. All Regulated Substances must be reported in pounds. Note: If the hazardous material is a mixture, the maximum quantity is the amount in pounds of the Regulated Substance, corrected for percent by weight concentration.

**PROCESS DESCRIPTION** – Describe the process and/or operations involved in the use, treatment, storage, production, disposal or otherwise handling of the Regulated Substances. Include process pressures and temperature, and whether it is a raw material or an intermediate. Note: Any group of interconnected vessels or separate vessels, located such that a Regulated Substance could be involved in a potential release, is considered a single process.

**PRINCIPAL EQUIPMENT** – List the equipment and/or components used in the process involving the Regulated Substance.

### **V. Certification**

Read the certification statement and provide owner/operator information and date when executed.