



Public Health Department

Environmental Health

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CAL-ARP PROGRAM REGISTRATION FORM

I. Registration:

Registration Type:		Revision Type:	
<input type="checkbox"/> New	<input type="checkbox"/> Updates and Re-Submissions per 2745.10 (a) and (b)	<input type="checkbox"/> Corrections per 2745.10.5	
<input type="checkbox"/> Revision	<input type="checkbox"/> De-registration per 2745.10 (c) or (d)	<input type="checkbox"/> Withdraw	

II. Business Owner/Operator Information:

Business Name/dba:				
Street:	City:	State:	Zip Code:	County:
Latitude:	Longitude:	Method for Obtaining Lat./Long:		Description of Location Lat./Long. Represents:
Owner/Operator Name	Dun & Bradstreet Number:	Parent Company Name and Dun & Bradstreet Number:		Phone Number:
Mailing Address Street:	Name & Title of Person/Position with Overall RMP Responsibility:		City:	State: Zip Code:
24-Hr. Emergency Contact Name and Title:		Emergency Contact E-mail address:		24 Hr Emergency Phone Number:
SS USEPA Identifier:	Number of Full-Time Employees:	8CCR § 5189? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	40 CFR Part 355? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
CAA Title V operating permit? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		CAA Permit Number:		
Last Safety Inspection Date and Name of Agency:				

III. RMP Contractor Information:

RMP Contractor Name:			Phone Number:	
RMP Contractor Mailing Address- Street:	City:	State:	Zip Code:	



IV. Cal ARP Registration Certification:

I, the owner or operator of the aforementioned facility, hereby certify that the registration information herein 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 Signature	Date:

V. Regulated Substances List (per covered process)

Process Number	1			
Process Description:				
Program Level:				
NAICS Code:				
Chemical:	Name	CAS #	Concentration (%)	Quantity (lbs.)

Process Number	2			
Process Description:				
Program Level:				
NAICS Code:				
Chemical:	Name	CAS #	Concentration (%)	Quantity (lbs.)



This form is to be completed for Stationary Source(s) that handle Regulated Substances (RS) in a process at or above the threshold quantity. Regulated Substances (including Federal and State Listed Regulated Substances) must be registered for the purpose of complying with the California Accidental Release Prevention (Cal ARP) program. The owner or operator shall complete a Hazardous Materials Inventory – Chemical Description page and a Cal ARP Program Registration Form which includes each Regulated Substance per process. Contact Butte County Division of Environmental Health [(530) 891-2727] for any additional assistance.

Note: A list of Federal and State Regulated Substances is attached for your reference.

I. Registration

REGISTRATION TYPE – Check “New” box if registration has not been previously submitted. Check “Revision” box if the registration has been previously submitted and is being revised.

REVISION TYPE – Check “Updates and Re-Submissions” box if the Risk Management Plan (RMP) is submitted for 5-year update, process change that requires a revised PHA or hazard review, or for any reason discussed in 19 CCR 2745.10; check “De-Registration” box if the facility is no longer subject to the Cal ARP Program; check “Corrections” box if there is a change or error in administrative information, new accident history information, or a change in emergency contact information; check “Withdraw” box if the facility was erroneously considered subject to the Cal ARP Program.

II. Business Owner/Operator Information

BUSINESS NAME/DBA AND ADDRESS – Enter the full legal name and address of the business.

LATITUDE – Enter the degrees of latitude where the chemical process is located. The latitude of your facility can be determined in several ways, including through the use of U.S. Geological Survey (USGS), global positioning systems (GPS) receivers, and web-based siting tools. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination.

LONGITUDE – Enter the degrees of longitude where the chemical process is located. The longitude of your facility can be determined in several ways, including through the use of USGS, GPS receivers, and web-based siting tools. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of USGS topographical quadrangle maps to make this determination.

METHOD USED TO DETERMINE LATITUDE AND LONGITUDE – Source of latitude and longitude information.

OWNER/OPERATOR NAME – The full name of the owner/operator who signed the registration page.

DESCRIPTION OF LAT./LONG. REPRESENTS – A description of the location that the latitude and longitude represent.

DUN & BRADSTREET NUMBER – Enter the Dun and Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun and Bradstreet number allows your business to be cross-referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact Dun and Bradstreet at (610) 882-7748 or via the internet at www.dnb.com.



PARENT COMPANY NAME AND DUN & BRADSTREET NUMBER, PHONE NUMBER, AND ADDRESS – Enter the name of the Principal Company or entity which owns at least 50 percent of the voting stock. Include Dun and Bradstreet number for that Principal Company or entity. Include phone number and mailing address of Parent Company.

NAME & TITLE OF PERSON/POSITION WITH OVERALL RMP RESPONSIBILITY – Enter name, title or position of the person designated as responsible for the RMP.

24-HR. EMERGENCY CONTACT NAME AND TITLE - Enter name, title or position of the person designated as responsible for 24-hour emergency contact.

EMERGENCY CONTACT E-MAIL ADDRESS - Enter e-mail address of the person designated as responsible for 24-hour emergency contact.

24-HR. EMERGENCY PHONE NUMBER - Enter 24-hour phone number for emergency contact.

SS USEPA Identifier – Enter the stationary source 12-character EPA identification number issued by the USEPA.

NUMBER OF FULL TIME EMPLOYEES – Enter the number of full time employees at the stationary source.

8CCR § 5189? – Is your facility subject to California Code of Regulations Title 8, Section 5189 [Occupational Safety and Health Administration (OSHA) Process Safety Management Standard (PSM)]. The OSHA PSM, codified in 29 CFR 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 is subject to OSHA PSM, you must answer yes even if the process does not involve a Regulated Substance. Answer the question either “Yes” or “No”.

40 CFR PART 355? – Does the stationary source have substances listed in 40 CFR Part 335 Appendix A [Extremely Hazardous Substance (EHS)]? Check “Yes” if the stationary source is subject to 40 CFR Part 335 for emergency planning and emergency release notification for EHS.

CAA TITLE V OPERATING PERMIT? – State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover the cost of administering the program, and sign a binding certification of compliance on all permit applications and documents. Check the appropriate box, either “Yes” or “No”.

CAA PERMIT NUMBER – If you have a Title V operating permit, enter the permit number.

LAST SAFETY INSPECTION DATE AND NAME OF AGENCY – Enter the date of the last safety inspection of your facility and indicate the Agency (OSHA, State OSHA, EPA, State EPA, Fire Department, ect.) that performed the inspection.

III. Contractor Information

RMP CONTRACTOR NAME, PHONE NUMBER, AND ADDRESS - Enter the name, phone number, and mailing address of the contractor that prepared or will prepare the RMP.

IV. Cal ARP Registration Certification

OWNER/OPERATOR NAME - The full name of the owner/operator who signed the registration page.



DATE – Enter the date the page was signed.

V. Regulated Substances List (per covered process)

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.

PROGRAM LEVEL – Indicate the proper *Program Level* this process falls under. Enter either “Program 1”, “Program 2”, or “Program 3” to identify which program the complies.

NAICS CODE – Enter the specific *North American Industry Classification System Code* (NAICS) for the process using, treating, storing, procucing, disposing, or otherwise handling regulated substances.

CHEMICAL NAME – Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This 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 of the hazardous material.

QUANTITY (LBS) – Enter the maximum daily 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. *Note:* All regulated substances must be reported in pounds to two significant digits.