



CALIFORNIA ACCIDENTAL RELEASE PREVENTION (CalARP) PROGRAM DE-REGISTRATION

FACILITY ID # **F A**

I. FACILITY / STATIONARY SOURCE IDENTIFICATION

STATIONARY SOURCE NAME PHONE

STATIONARY SOURCE ADDRESS CITY

II. OWNER/OPERATOR IDENTIFICATION

OWNER/OPERATOR NAME PHONE

MAILING ADDRESS CITY STATE ZIP CODE

III. REGULATED SUBSTANCE(S) NO LONGER HANDLED OR SUBJECT TO CalARP REGULATIONS

A. Name of Each Regulated Substance:	Percent by Weight	Process Maximum Quantity (lbs.)	CAS #
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Name of Each Regulated Substance in a Mixture:	Percent by Weight	Process Maximum Quantity (lbs.)	CAS #
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REASON FOR DISCONTINUED USE OR EXEMPTION:

IV. CERTIFICATION

I, as the owner or 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.

SIGNATURE OF OWNER/OPERATOR DATE

NAME OF OWNER/OPERATOR TITLE OF OWNER/OPERATOR