



Certified Unified Program Agency (CUPA)
 San Bernardino County Fire Protection District • Hazardous Materials Section
 598 S. Tippecanoe Ave., San Bernardino, CA 92415-0153
 (909) 386-8401 • FAX (909) 386-8460 • efile@sbcfire.org • www.sbcfire.org

CERS TRANSFER REQUEST

FACILITY INFORMATION

<u>CERS ID</u>	<u>CUPA FACILITY ID (if applicable)</u>
<u>NEW FACILITY NAME</u>	<u>FACILITY ADDRESS</u> Address: City: _____ State: CA Zip Code: _____

BUSINESS / ORGANIZATION INFORMATION

<u>NEW BUSINESS / ORGANIZATION</u> Organization Name: Headquarter City: Headquarter State: <i>Select One:</i> <input type="checkbox"/> This is an existing business/organization on CERS. <input type="checkbox"/> Create this business/organization for me.	<u>DATE OF OWNERSHIP TRANSFER</u> <i>(i.e. Date escrow closed, date took over operation)</i>
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LEAD USER(S)

<u>LEAD USER 1</u> Name: Title: Email: Phone:	<u>LEAD USER 2</u> Name: Title: Email: Phone:
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ACKNOWLEDGEMENT

<u>OWNER OR OWNER REPRESENTATIVE</u>	<u>TITLE</u>
<u>SIGNATURE</u>	<u>DATE</u>

All previous CERS submittals are subject to being archived. If you need access to previous CERS submittals, please provide reason below:

OFFICE USE ONLY

<u>COMPLETED BY</u>	<u>NOTES</u>
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