



CALIFORNIA ACCIDENTAL RELEASE PREVENTION (CalARP) PROGRAM DE-REGISTRATION

FACILITY ID #	F	A													
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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. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

B. Name of Each Regulated Substance in a Mixture:	Percent by Weight	Process Maximum Quantity (lbs.)	CAS #
1. _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____

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					