



COUNTY OF MONO
Certified Unified Program Agency
Environmental Health Division
437 OLD MAMMOTH ROAD, SUITE Q
P.O. Box 3329, MAMMOTH LAKES, CALIFORNIA 93546
(760) 932-5588 • FAX (760) 932-5284

SUBJECT: RENEWAL OF HAZARDOUS MATERIALS BUSINESS PLAN (HMBP)

Time to renew: A complete HMBP, which includes, at minimum, the Business Activities Statement, Owner/Operator Identification Form, Hazardous Materials Inventory, and Contingency Plan must be submitted initially. An Annual Renewal Certification Packet must be submitted annually thereafter. The Annual Renewal Certification and related forms are due by April 1 of each calendar year. You are required by law to submit to this office a current plan, or a certification of your existing plan, according to this schedule.

Renewal packet: The renewal packet consists of a Hazardous Materials Business Plan Annual Renewal Certification Form (HMBP CERT – page 2), Business Activities Statement (HMBP BA), Owner/Operator Identification Form (HMBP ID), and one copy of the Hazardous Materials Inventory Form (HMBP INV) for each additional or deleted hazardous material in your inventory.

If you...	Then...
have no changes to your plan submitted last year,	fill out and submit the: <ul style="list-style-type: none"> • Hazardous Materials Business Plan Annual Renewal Certification Form, • Business Activities Statement, and • Owner/Operator Identification Forms only. Keep copies for your records.
have changes to your inventory only,	fill out and submit the: <ul style="list-style-type: none"> • Hazardous Materials Business Plan Annual Renewal Certification Form, • Business Activities Statement, • Owner/Operator Identification Forms, and • updated inventory form(s). Keep copies for your records.
need to change your Contingency Plan or Site Map,	fill out and submit the: <ul style="list-style-type: none"> • Hazardous Materials Business Plan Annual Renewal Certification Form, • Business Activities Statement, • Owner/Operator Identification Forms, and • the revised Contingency Plan and/or Site Map. Keep copies for your records.
need to update other forms not available on this web-site	Call (760) 924-1847 to request forms for USTs, on-site treatment, financial assurance or other activities.
have closed your business,	call (760) 932-5580 to notify our office.

Questions / need help? If you have any questions or need assistance, please call (760) 924-1847

Regulatory Authority: California Health and Safety Code, Chapter 6.95, Article 1, Sections 25500-25520

Hazardous Materials Business Plan (HMBP) Annual Renewal Certification Form

Important Note:

Facilities subject to CalARP requirements are not eligible for routine HMBP renewal and instead must submit their HMBP chemical inventory annually.

Pursuant to California Health and Safety Code Section 25503.3(c), this Hazardous Materials Business Plan (HMBP) annual renewal certification is being submitted for:

Facility Name: _____

Enter one of the following:

Facility Address: _____

Facility ID Number: _____
 (see your original HMBP mailing label;
 an example is FA0000000)

Certification:

Choose the appropriate option and check the relevant box(es):

Option 1

I have personally reviewed the HMBP currently on file with your agency, dated _____, and hereby certify, *under penalty of perjury*, that:

- the information contained in the most recent HMBP submission is complete, accurate and up to date;
- a copy of the facility's most current HMBP Business Activities and Owner / Operator Identification Pages is being submitted with this certification form;
- there have been no significant changes (100% increase or decrease) in the quantities of any previously reported hazardous materials/hazardous wastes as shown on current Hazardous Materials Inventory Forms;
- the facility has not begun handling any hazardous materials/hazardous wastes in reportable quantities that are not currently listed in the submitted Hazardous Materials Inventory; and,
- there have been no significant changes in the facility's personnel or operations that would require revision of the current HMBP.

Option 2

HMBP revisions, amendments or additions are necessary and are being submitted with this document. The following areas of the HMBP are affected:

- | | |
|---|--|
| <input type="checkbox"/> Entire HMBP revision | <input type="checkbox"/> Site Map |
| <input type="checkbox"/> Business Activities Page | <input type="checkbox"/> Consolidated Contingency Plan |
| <input type="checkbox"/> Owner / Operator Identification Page | <input type="checkbox"/> UST Written Monitoring Plan |
| <input type="checkbox"/> Hazardous Materials Inventory | <input type="checkbox"/> Other (Specify): |

I understand that whenever there are changes in address, ownership, business name, or operations (closure, addition of undisclosed reportable hazardous materials or hazardous wastes, or significant changes to inventory quantities and/or contingency planning provisions), a notification of such must be made to the Mono County CUPA within 30 days of the change.

Name of Owner/ Operator/Authorized Representative (*Print*):

Signature of Owner/ Operator Authorized Representative:

Title:

Phone Number:

Date: