

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: _____

Facility Street Address: _____ City: _____

Date of Current HMBP: ____/____/____.

I certify that: *(Check the appropriate box.)*

By checking this box, I certify that I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and that it is complete and accurate (please see below).

- The information contained in the most recently submitted HMBP is complete, accurate, and up-to-date;
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted non-Waste Hazardous Materials Inventory forms;
- The facility has not begun handling any hazardous material in an HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory;
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code;
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (*Print*): _____ Title: _____

Signature of Owner/Operator: _____ Date: ____/____/____.

Return to: City of San Leandro
Environmental Services Division
835 East 14th Street
San Leandro, CA 94577