



CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153 • (909) 386-8401 FAX (909) 386-8460

CERTIFICATE OF FINANCIAL ASSURANCE
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS

a. Initial Certification b. Amended Certification c. Annual Certification 700 Page 1 of ____

I. FACILITY IDENTIFICATION

(Place an asterisk in the left margin next to any amended information).

FACILITY ID # **3** **6** **0** **0** **1** **1** BUSINESS NAME (Same as FACILITY NAME or DBA) 3

FACILITY ADDRESS CITY ZIP CODE

TYPE OF OPERATION a. PBR-FTU b. CA c. OTHER 701

II. ESTIMATED CLOSURE COSTS

NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of the page.

ESTIMATED CLOSURE COSTS \$ _____ 702

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS

1. I am not required to provide a mechanism because:

a. I certify that my closure cost estimate is less than or equal to \$10,000, or 703

b. Specify other reason _____
 _____ 704

2. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. *(Does not apply to Conditional Authorization)* 705

IV. CLOSURE FINANCIAL ASSURANCE MECHANISM

I am required to provide a mechanism and it is attached to this page. MECHANISM ID NUMBER(S): 708
 706
 EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM _____
 707

MECHANISM TYPE a. Closure Trust Fund d. Closure Insurance g. Multiple Financial Mechanisms 709
(Check one item only) b. Surety Bond e. Financial Test and Corporate Guarantee h. Certificate of Deposit
 c. Closure Letter of Credit f. Alternative Mechanism i. Savings Account

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY / OTHER ORGANIZATION 710

ADDRESS 711

CITY 712 STATE 713 ZIP CODE 714

V. OWNER OR OPERATOR CERTIFICATION

SIGNER OF THIS CERTIFICATION a. Owner b. Operator 715

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibilities of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)

SIGNATURE OF OWNER/OPERATOR DATE 716

NAME OF OWNER/OPERATOR 717 TITLE OF OWNER/OPERATOR 718

Instructions for Completing the Certificate of Financial Assurance Form

GENERAL INFORMATION

This form is to be used by the owner or operator of a Transportable Treatment Unit (TTU), an owner or operator of a Fixed Treatment Unit (FTU) operating under Permit by Rule (PBR) or a generator operating pursuant to a grant of Conditional Authorization (CA).

If this is an existing facility and you have previously submitted a Notification, the certification and the financial assurance mechanism may be submitted without another notification.

PBR and CA operations are required to provide financial assurance for closure costs. However, if you are a PBR operation that operated less than 30 days in a calendar year, you may be eligible for an exemption from financial assurance requirements. To determine if you are eligible for the exemption, complete section III of this form.

Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure. However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000. PBR operations that operated less than thirty (30) days in any calendar year are also eligible for an exemption. Complete the page even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See 22 CCR §67450.1 3(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. If your cost estimate now exceeds \$10,000 for the first time, you must submit this Certification and a closure cost estimate within 30 days to your CUPA or authorized agency. If the cost estimate adjustment results in an increase and requires a change in your financial mechanism, submit this certification and revised mechanism within 60 days. Any change in information affecting the closure cost estimate or mechanism must be submitted within 30 days to your CUPA.

Refer to 22 CCR §67450.13 for financial assurance requirements.

GENERAL INSTRUCTIONS

Check the box at the top of the page that indicates whether this is an initial certification, an amendment to an existing certification or an annual certification.

After completing this form, retain a signed copy for your records and submit the signed original to this Division.

If this is a new facility, this certification should be attached to one of the PBR or CA notification forms.

If this is an existing facility and you have previously submitted a notification to this Division, you can submit the certification, along with the financial assurance mechanism, without submitting another notification.

INSTRUCTIONS

I. Facility Identification

1. Enter your Facility ID Number, if known. Otherwise, leave blank. This number is assigned by the CUPA and is the last 6 digits of the facility's establishment number (which appears on the CUPA permit.)
3. Enter the name of the business, as it appears on the Business Activities Form.
Enter the physical address (no PO Boxes) for the site as it appears on the Business Activities Form. It should be the same address as the location address on business emergency/contingency plan.
701. Indicate the type of operation (PBR or CA-FTU, PBR-TTU or other PBR operation. If it is a TTU, enter the TTU serial number).

II. Estimated Closure Costs

702. Regulations require you to prepare a written estimate of the cost of closing each treatment unit. The estimated closure costs may be either the actual cost or the cost estimated by you when using your own staff and/or personal equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structures or equipment, land or other facility assets.
If you have operated under PBR for less than 30 days in any calendar year, you do not have to enter any dollar amount in this section AND you may qualify for an exemption. If eligible, enter "EXEMPT". Then go to Section III and check the appropriate box.

III. Exemption from Financial Assurance Requirements

Check the box that best indicates the reason you are exempt from the financial assurance requirements. You must attach a detailed closure estimate.

703. Check this box if your closure estimate is not more than \$10,000.
704. Check this box if you are certifying that sufficient resources are available to close your treatment units.
705. Check this box if you qualify for an exemption as a PBR as discussed in Item 702.

VI. Closure Financial Assurance Mechanism

706. Check this box if you are required to provide a financial assurance mechanism and enter the effective date of the mechanism in Item 707.
708. Enter the mechanism identification number, if applicable (i.e., the insurance policy number).
709. Check the box that best indicates the type of financial mechanism established to provide the closure cost assurance. Contact your district inspector for a list of the eligible type and the required forms.
- 710 - Enter the name of the financial institution, insurance company or other organization used to establish the closure financial assurance. Enter 714. the address of the financial institution, insurance company or other organization.

VI. Owner or Operator Certification

Read the certification statement and provide the owner/operator information, date and sign when the form is completed.

IF YOU HAVE ANY QUESTIONS CONTACT YOUR DISTRICT INSPECTOR AT (909) 386-8418