

**RISK MANAGEMENT PROGRAM
De-registration Form**

Today's Date: _____

EPA Facility Identifier: _____

Effective Date of De-registration: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Select (Check) Reason for De-registration:

Source reduced inventory of all regulated substances below TQs

Source no longer uses any regulated substance

Source terminated operations

Other: _____

I, _____, certify the above stationary source as of the above
(Name of Facility Owner or Operator)

effective date is no longer covered by the Accidental Release Prevention Regulations, 40 CFR Part 68.

Signature of Owner or Operator

Date

Official Title