

San Bernardino County Fire Department • Hazardous Materials Division

620 South "E" Street, San Bernardino, CA 92415-0153 • PHONE (909) 386-8401 FAX (909) 386-8460 www.sbctfire.org
CERS Help Line (909) 386-8432

BUSINESS OWNER/OPERATOR IDENTIFICATION INSTRUCTIONS

The Business Owner/Operator Identification Worksheet is for information gathering purposes only. The actual data must be entered into the California Environmental Reporting System (CERS) and submitted electronically. For more information, please see our Electronic Reporting (CERS) page at www.sbctfire.org/hazmat/efile.aspx.

Note: the numbering of the instructions follows the data element numbers that are in the Unified Program Data Dictionary

1. **FACILITY ID NUMBER** – Leave this blank if you do not have an ID number, otherwise, provide the ID number in this box. The facility ID number is assigned by the CUPA. This number is found on your CUPA permit.
3. **BUSINESS NAME** - Enter the full legal name of the business, facility, or DBA for this site.
100. **BEGINNING DATE** - Enter the beginning date and year of the report.
101. **ENDING DATE** - Enter the ending date and year of the report.
102. **BUSINESS PHONE** - Enter the phone number, area code first, and any extension for this site.
- 102a. **BUSINESS FAX** – Enter the business fax number, area code first, for this site.
106. **DUN & BRADSTREET** – Enter the Dun & Bradstreet D-U-N-S number for facility if the facility has one. You are not required to obtain a D&B number.
10307. **SIC CODE** – Enter the Standard Industrial Classification (SIC) Code number for primary business activity. Provide 4 digits, including leading zeroes.
- 107a. **NAICS CODE** - Enter the primary North American Industrial Classification System Number. (Will eventually replace the SIC Number.)
- 108a **BUSINESS MAILING ADDRESS** – Enter the mailing address of the facility.
- 108b. **BUSINESS MAILING ADDRESS CITY** - Enter the city portion of facility's mailing address.
- 108c. **BUSINESS MAILING ADDRESS STATE** - Enter the valid 2-letter US State Postal Code or 2-letter Canadian Post Province/Territory Abbreviation of the business mailing address. It can be left blank for international addresses if Country field is not "United States" or "Canada".
- 108d. **BUSINESS MAILING ADDRESS ZIP CODE** - Enter the 5 digit ZIP Code or 5 digit ZIP Code with dash and plus-four code (or international postal code) for business mailing address.
109. **BUSINESS OPERATOR NAME** - Enter the first and last name of the business operator.
110. **BUSINESS OPERATOR PHONE** - Enter the phone number of the business operator, area code first, and any extension.
111. **BUSINESS OWNER NAME** - Enter the first and last name of the business owner.
112. **BUSINESS OWNER PHONE** - Enter the business owner's phone number, area code first, and any extension.
113. **BUSINESS OWNER MAILING ADDRESS** - Enter the business owner's mailing address.
114. **BUSINESS OWNER CITY** - Enter the city portion of the owner's mailing address.
115. **BUSINESS OWNER STATE** - Enter the valid 2-letter US State Postal Code or 2-letter Canadian Post Province/Territory Abbreviation of the business owner's mailing address. It can be left blank for international addresses if Country field is not "United States" or "Canada".
116. **BUSINESS OWNER ZIP CODE** - Enter the 5 digit ZIP Code or 5 digit ZIP Code with dash and plus-four code (or international postal code) for business owner's mailing address.
- 116a. **THE BUSINESS OWNER'S COUNTRY** - Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".
117. **ENVIRONMENTAL CONTACT NAME** - Enter the name of the person who receives all environmental correspondence and will respond to enforcement activity.
118. **ENVIRONMENTAL CONTACT PHONE** - Enter the phone number of the environmental contact, area code first, and any extension.
119. **ENVIRONMENTAL CONTACT MAILING ADDRESS** - Enter the mailing address where all environmental contact correspondence should be sent.
- 119a **ENVIRONMENTAL CONTACT EMAIL ADDRESS** – Enter the email address for all environmental contact correspondence.
120. **ENVIRONMENTAL CONTACT MAILING CITY** - Enter the city portion of the environmental contact's mailing address.
121. **ENVIRONMENTAL CONTACT STATE** - Enter the valid 2-letter US State Postal Code or 2-letter Canadian Post Province/Territory Abbreviation of the environmental contact's mailing address. It can be left blank for international addresses if Country field is not "United States" or "Canada".
122. **ENVIRONMENTAL CONTACT ZIP CODE** - - Enter the 5 digit ZIP Code or 5 digit ZIP Code with dash and plus-four code (or international postal code) for environmental contact's mailing address.
- 122a. **ENVIRONMENTAL CONTACT COUNTRY** - Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".
123. **PRIMARY EMERGENCY CONTACT NAME** – Enter the first and last name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.

124. **PRIMARY EMERGENCY CONTACT TITLE** - Enter the title of the primary emergency contact.
125. **PRIMARY EMERGENCY CONTACT BUSINESS PHONE** - Enter the business number for the primary emergency contact, area code first, and any extension.
126. **PRIMARY EMERGENCY CONTACT 24-HOUR PHONE** - Phone number for primary emergency contact which is answered 24 hours a day. If not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
127. **PRIMARY EMERGENCY CONTACT PAGER NUMBER** - Enter the pager number for the primary emergency contact, if available.
128. **SECONDARY EMERGENCY CONTACT NAME** - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. **SECONDARY EMERGENCY CONTACT TITLE** - Enter the title of the primary emergency contact.
130. **SECONDARY EMERGENCY CONTACT BUSINESS PHONE** - Enter the business number for the primary emergency contact, area code first, and any extension.
131. **SECONDARY EMERGENCY CONTACT 24-HOUR PHONE** - Phone number for primary emergency contact which is answered 24 hours a day. If not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
132. **SECONDARY EMERGENCY CONTACT PAGER NUMBER** - Enter the pager number for the primary emergency contact, if available.
133. **ADDITIONAL INFORMATION** - For local use only. This space may be used for CUPAs or agencies authorized by the Secretary pursuant to HSC 25404.3(f)(2) to collect any additional information necessary to meet the requirements of their individual programs. Contact local agency for guidance.
135. **DOCUMENT PREPARER NAME** - Enter the full name of the person who prepared the submittal information.
136. **NAME OF SIGNER** - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137. **TITLE OF SIGNER** - Enter the title of the person signing the page.
140. **BILLING CONTACT NAME** - Name of contact who should receive billing-related questions and correspondence.
141. **BILLING CONTACT PHONE** - - Enter the phone number of the billing contact, area code first, and any extension.
142. **BILLING CONTACT EMAIL ADDRESS** - Enter the email address for all billing-related information.
143. **BILLING ADDRESS** - Mailing address for billing-related correspondence
144. **BILLING ADDRESS CITY** - City portion of mailing address for billing-related correspondence.
145. **BILLING ADDRESS STATE** - Enter the valid 2-letter US State Postal Code or 2-letter Canadian Post Province/Territory Abbreviation of the billing mailing address. It can be left blank for international addresses if Country field is not "United States" or "Canada".
146. **BILLING ADDRESS ZIP CODE** - Enter the 5 digit ZIP Code or 5 digit ZIP Code with dash and plus-four code (or international postal code) for billing mailing address.
147. **BILLING ADDRESS COUNTRY** - Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States".
170. **ASSESSOR PARCEL NUMBER** - Assessor Parcel Number (APN) for the facility's physical location. This is not a required field unless specifically requested by the local regulator.
171. **NUMBER OF EMPLOYEES** - Number of employees working at the facility.
172. **PROPERTY OWNER NAME** - First and last name of facility's property owner. This is not a required field unless specifically requested by the local regulator.
173. **PROPERTY OWNER PHONE** - Business phone of facility's property owner. This is not a required field unless specifically requested by the local regulator.
174. **PROPERTY OWNER MAILING ADDRESS** - Mailing address of facility's property owner. This is not a required field unless specifically requested by the local regulator.
175. **PROPERTY OWNER CITY** - City portion of mailing address of facility's property owner. This is not a required field unless specifically requested by the local regulator.
176. **PROPERTY OWNER STATE** - Enter the valid 2-letter US State Postal Code or 2-letter Canadian Post Province/Territory Abbreviation of the property owner mailing address. It can be left blank for international addresses if Country field is not "United States" or "Canada". This is not a required field unless specifically requested by the local regulator.
177. **PROPERTY OWNER ZIP CODE** - Enter the 5 digit ZIP Code or 5 digit ZIP Code with dash and plus-four code (or international postal code) property owner mailing address. This is not a required field unless specifically requested by the local regulator.
178. **PROPERTY OWNER COUNTRY** - Specify the full country name as shown in the USPS International Mail Manual. If no country is provided, the value will default to "United States". This is not a required field unless specifically requested by the local regulator.