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.sbcfire.org
CERS Help Line (909) 386-8432

BUSINESS OWNER/OPERATOR IDENTIFICATION WORKSHEET

| Business Name (same as Facility Name or DBA – Doing Business As) (3) | | | CERS ID | | |
|--|----------------------|--------------|---------------------------|--|--|
| | | | (assigned by CERS system) | | |
| Identification | | | | | |
| Operator Name (109) | | | | | |
| CPOTATO: Tame (188) | | | | | |
| Operator Phone (440) | Puningg Phone (198) | | Pusinoss Fox (400-) | | |
| Operator Phone (110) | Business Phone (102) | | Business Fax (102a) | | |
| | | | | | |
| Beginning Date (100) | Ending Date (101) | | _ | | |
| | | | | | |
| Dun & Bradstreet (106) | SIC Code (107) | | Primary NAICS (107a) | | |
| | , | | | | |
| Mailing Address | • | | • | | |
| Mailing Address | | | | | |
| Facility/Site Mailing address (108a) | | | | | |
| 0'' | | 0 | 7: /0 | | |
| City (108b) | | State (108c) | Zip/Postal Code (108d) | | |
| | | | | | |
| Owner | | | | | |
| First & Last Name (111) | | | Phone (112) | | |
| | | | | | |
| Mailing Address (113) | | | | | |
| Walling Address (113) | | | | | |
| City (444) | | Ctoto (445) | Zin/Dootal Codo (448) | | |
| City (114) | | State (115) | Zip/Postal Code (116) | | |
| | | | | | |
| Country (116a) | | 1 | | | |
| | | | | | |
| Billing Contact | | | | | |
| First & Last Name (140) | | | Phono (444) | | |
| FIISL & Last Name (140) | | | Phone (141) | | |
| E 1 | | | | | |
| Email (142) | | | | | |
| | | | | | |
| Mailing Address (143) | | | | | |
| | | | | | |
| City (144) | | State (145) | Zip/Postal Code (146) | | |
| • | | | | | |
| Country (147) | | | | | |
| () | | | | | |
| | | | | | |
| Primary Emergency Contact | | | | | |
| First & Last Name (123) | | | | | |
| | | | | | |
| Title (124) | | | | | |
| | <u> </u> | | | | |
| Business Phone (125) | 24-Hour Phone (126) | | Pager Number (127) | | |
| (120) | (| | | | |
| | | | | | |

Rev 7/14 (OVER)

| Secondary Emergency Contact | | | | | |
|---|-----------------------|------------------------------------|--|--|--|
| Name (128) | | | | | |
| | | | | | |
| Title (129) | | | | | |
| | | · | | | |
| Business Phone (130) | 24-Hour Phone (131) | Pager Number (132) | | | |
| | | | | | |
| Environmental Contact | | | | | |
| First & Last Name (117) | | Phone (118) | | | |
| | | | | | |
| Email (119a) | | • | | | |
| | | | | | |
| Mailing Address (119) | | | | | |
| | | | | | |
| City (120) | State (121) | Zip/Postal Code (122) | | | |
| | | | | | |
| Country (122a) | | | | | |
| | | | | | |
| | | | | | |
| Name of Cinner (1997) | Title of Cinner (197 | Name of Decomposit Dispersion (12) | | | |
| Name of Signer (136) | Title of Signer (137) | Name of Document Preparer (135) | | | |
| Additional Information (133) | | | | | |
| Additional information (193) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Locally Collected Information | | | | | |
| Property Owner | | | | | |
| First & Last Name (172) | | Phone (173) | | | |
| | | | | | |
| Mailing Address (174) | | • | | | |
| | | | | | |
| City (175) | State (176) | Zip/Postal Code (177) | | | |
| | | | | | |
| Country (178) | | | | | |
| | | | | | |
| | | | | | |
| Assessor Parcel Number (APN |) (170) | | | | |
| | | | | | |
| Unified Program Local Reporting Requirements for San Bernardino County Fire Department | | | | | |
| Regulated facilities in this jurisdiction are required to report the total number of employees. SBCC 23.0602(c)(10) | | | | | |
| Number of Employees (171) | | | | | |
| Facility ID (Degrelator Dravida d' | 1 (4) | | | | |
| Facility ID (Regulator Provided) | (1) | | | | |
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