

**ANNUAL HAZARDOUS MATERIALS BUSINESS PLAN  
INVENTORY CERTIFICATION FORM**

*Health and Safety Code Section 25503.3(c) and 19 CCR Section 2729.4(b)*

To: Amador County Environmental Health Department  
810 Court Street  
Jackson, CA 95642  
(209) 223-6439 Fax: (209) 223-6228 Email: ACEH@amadorgov.org

**Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), 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 hereby certify that: *(Check the appropriate box)*

- I am complying with the annual inventory reporting requirement of Health & Safety Code Section 25503.3(c) by submitting the following certification statement:
- The information contained in the annual inventory form most recently submitted is complete, accurate, and up-to date; and
  - There has been no change in the quantity of any hazardous material as reported on the most recently submitted Hazardous Materials Inventory forms; and
  - The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; and
  - The most recently submitted annual inventory form contains the information required by Section 11022 of Title 42 of the United States Code.

**OR**

- There have been changes in the annual hazardous materials or hazardous waste inventory handled at this facility and revisions to the Hazardous Materials Inventory are necessary. The annual inventory forms as revised will be submitted to the Amador County Environmental Health Department on or before March 1.

**OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based on 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 this certification must be returned to the Amador County Environmental Health Department by March 1 or a revised HMBP must be submitted to said Department within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.**

Name of Owner/Operator (*Print*): \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please contact the Amador County Environmental Health Department if you have any questions or need forms to complete updates or revisions.***