UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION (LACoCUPA Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE: / /) | PAGE OF

I. IDENTIFICATION

FACILITY ID# 1	BEGINNING DATE 100	ENDING DATE 101	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3		BUSINESS PHONE 102	
BUSINESS SITE ADDRESS 103			
CITY 104	CA	ZIP CODE 105	
DUN & BRADSTREET 106		SIC CODE (4 digit #) 107	
COUNTY LOS ANGELES 108		UNINCORPORATED ☐ Yes ☐ No 133a.	
BUSINESS OPERATOR NAME 109		BUSINESS OPERATOR PHONE 110	

II. BUSINESS OWNER

OWNER NAME 111		OWNER PHONE 112
OWNER MAILING ADDRESS 113		
CITY 114	STATE 115	ZIP CODE 116

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117		CONTACT PHONE 118
CONTACT MAILING ADDRESS 119		
CITY 120	STATE 121	ZIP CODE 122

IV. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME 123		NAME 128	
TITLE 124		TITLE 129	
BUSINESS PHONE 125		BUSINESS PHONE 130	
24-HOUR PHONE 126		24-HOUR PHONE 131	
PAGER # 127		PAGER # 132	
E-MAIL ADDRESS (if any) 133b		E-MAIL ADDRESS (if any) 133b	

V. ADDITIONAL LOCALLY COLLECTED INFORMATION 133

FEDERAL TAX IDENTIFICATION NUMBER NAME, POSITION, AND DATE OF BIRTH DRIVER'S LICENSE NUMBER AND STATE	133c	NO. OF EMPLOYEES 133d BUSINESS CODE 133e

MAILING/ BILLING INFORMATION

ADDRESS 133f	CITY 133g	STATE 133h	ZIP CODE 133i

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 134	NAME OF DOCUMENT PREPARER 135
NAME OF SIGNER (print) 136	TITLE OF SIGNER 137	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	APST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION

Business Owner/Operator Identification (LACoCUPA Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
100. BEGINNING DATE Enter the beginning year and date of the report. (YYYY/MM/DD, ex. 1999/07/01)
101. ENDING DATE Enter the ending year and date of the report. (YYYY/MM/DD, ex. 2000/06/30)
102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed.
104. CITY Enter the city or unincorporated area in which the business site is located.
105. ZIP CODE - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. COUNTY Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE Enter business operator's phone number including any extension, if different from the business phone.
111. OWNER NAME Enter name of the business owner, if different from the business operator.
112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
114. OWNER CITY Enter the name of the city for the owner's mailing address.
115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. ENVIRONMENTAL CONTACT NAME Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY Enter the name of the city for the environmental contact's mailing address.
121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digit s in the zip code may also be added.
123. PRIMARY EMERGENCY CONTACT NAME Enter the 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. TITLE Enter the title of the primary emergency contact.
125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. 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. TITLE Enter the title of the secondary emergency contact.
130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
133b. E-MAIL ADRESS Enter the e-mail address of the corresponding primary or secondary emergency contact if an e-mail address exists.
133c. LOCALLY COLLECTED INFORMATION Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS). Also, include the business owner's/president's name, position in the business, date of birth and driver's license number with the State issued in abbreviation.
133d. Number of Employees for facility: For Retail and service type businesses; the number of employees is determined by the actual number of employees directly related to the hazardous waste generating activity (s). For manufacturing type businesses; the total number of employees in the business shall be used for determining the hazardous waste licensing fee.
133e. Businesses will be identified by the following twelve codes: 01)-Corporation, 02)-Individual Owner, 03)-Partnership, 04)-Local Government Agency, 05)-County Government Agency, 06)-State Government Agency, 07)-Federal Government Agency, 08)-LA County Fire Department Facilities, 09)-Unknown Classification (Other), 10)-City Fire Facilities, 11)-LA County Sheriff Facilities, 12)-Other Police Facilities.
133f. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
133g. MAILING/BILLING CITY Enter the city for the mailing/billing address.
133h. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
133i. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER Enter the full printed name of the person signing the page.
SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. TITLE OF SIGNER Enter the title of the person signing the page.