

**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
CHEMICAL ACCIDENT PREVENTION PROGRAM
REGISTRATION FORM**

PLEASE CHECK ONE: NEW REGISTRATION _____ **RE-REGISTRATION** _____
IF NEW, GIVE DATE FACILITY WAS SUBJECT TO LAC 33:III:Chapter 59: _____
IF A RE-REGISTRATION, GIVE EFFECTIVE DATE OF CHANGES: _____

SOURCE INFORMATION:

Agency Interest# _____

SOURCE NAME (Facility): _____

TELEPHONE NUMBER: () -

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOCATION: PARISH: _____

LATITUDE ° ' " LONGITUDE ° ' "

FACILITY PROGRAM LEVEL (Check only one. See instructions for determining program level.):

Program 1

Program 2

Program 3

Previously subject, but now no longer subject to LAC 33:III:Chapter 59

Not Subject to LAC 33:III:Chapter 59

SINCE LAST REGISTRATION, HAS FACILITY UNDERGONE A NAME CHANGE OR CHANGE OF OWNERSHIP? Yes No

IF YES, LIST PREVIOUS OWNER/COMPANY NAME: _____

OWNER/OPERATING COMPANY: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE NUMBER: () - FAX NUMBER: () -

INVOICING CONTACT PERSON: _____

TITLE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE NUMBER: () - FAX NUMBER: () -

KNOWLEDGEABLE CONTACT PERSON: _____

TITLE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE NUMBER: () - FAX NUMBER: () -

“The undersigned certifies that, to the best of my knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate and complete.”

Name: _____ Title: _____ Date: _____

(Rev'd 11/99 PC file: Reg_form 11-99.doc)

MAIL TO: LDEQ
Chemical Accident Prevention 8th Floor
P. O. Box 4312
Baton Rouge, LA 70821-4312

Instructions For Completing Registration Form

Source Name: This is the name of the location of the facility that is subject to RMP. This name must be unique to the facility and distinguishes it from other facilities owned or operated by the same company.

Owner/Operating Company Name: This is the name of the company responsible for implementing the RMP at the subject facility.

Invoicing Contact Person: This is the person responsible for paying the annual maintenance fees.

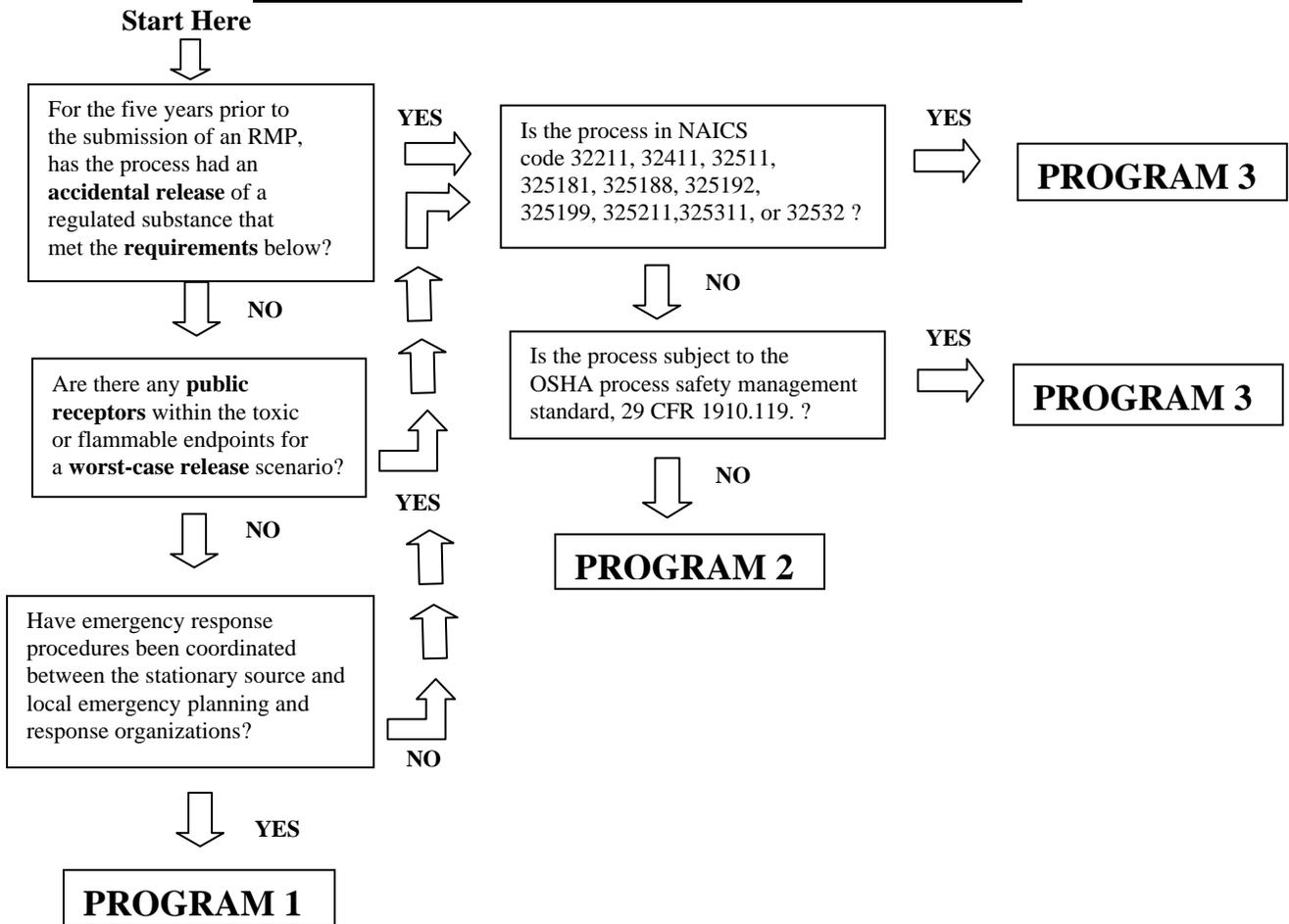
Knowledgeable Contact Person: This person must be familiar with the facility and RMP requirements.

Updating Information: If any of this information changes, a new registration reflecting the changes must be submitted to DEQ within 60 days of the changes (LAC 33: §5911, C). When doing this, please check “Re-registration” at the top of form and indicate the date of the changes.

Facility Program Level is determined with the flow chart below. If your facility has more than one process and they are different program levels, you must register your facility at the highest program level.

Do Not Send Payment with this registration. You will be sent an invoice for your annual maintenance fees after your registration is processed.

Follow this Flow Chart to Determine Program Level of Process



Accidental Release Requirements: An accidental release of a regulated substance where exposure to the substance, its reaction products, over-pressure generated by an explosion involving the substance, or radiant heat generated by a fire involving the substance led to any of the following offsite: (i) Death; (ii) Injury; or (iii) Response or restoration activities for an exposure of an environmental receptor.

Public receptor means offsite residences, institutions (e.g., schools, hospitals), industrial, commercial, and office buildings, parks, or recreational areas inhabited or occupied by the public at any time without restriction by the stationary source where members of the public could be exposed to toxic concentrations, radiant heat, or over-pressure, as a result of an accidental release.

Worst-case release means the release of the largest quantity of a regulated substance from a vessel or process line failure that results in the greatest distance to an endpoint defined in § 68.22(a).