

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

**PLEASE CHECK ONE: NEW REGISTRATION**  **DE-REGISTRATION**  **UPDATED REGISTRATION\***

**EFFECTIVE DATE:**

\*Please indicate which information is being updated by checking the box in front of that section.

**SOURCE INFORMATION:**

**AGENCY INTEREST #:**

**SOURCE NAME:**  **TELEPHONE NUMBER:**

**PHYSICAL ADDRESS:**

**GPS COORDINATES:**  **PARISH:**

**MAILING ADDRESS:**

**FACILITY PROGRAM LEVEL** (Check only one. See instructions on following page for determining program level.)  
Program 1  Program 2  Program 3

**IF THIS IS A NAME CHANGE OR CHANGE OF OWNERSHIP, PLEASE LIST PREVIOUSLY REGISTERED NAME:**

**CURRENT OWNER/OPERATING COMPANY:**

**MAILING ADDRESS:**

**TELEPHONE NUMBER:**  **E-MAIL ADDRESS:**

**ACCIDENT PREVENTION BILLING PARTY:**

**MAILING ADDRESS:**

**TELEPHONE NUMBER:**  **E-MAIL ADDRESS:**

**ACCIDENT PREVENTION CONTACT:**

**MAILING ADDRESS:**

**TELEPHONE NUMBER:**  **E-MAIL ADDRESS:**

The undersigned certifies: "To the best of my knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete."

**NAME:**  **TITLE:**  **DATE:**

## Instructions for Completing Registration Form

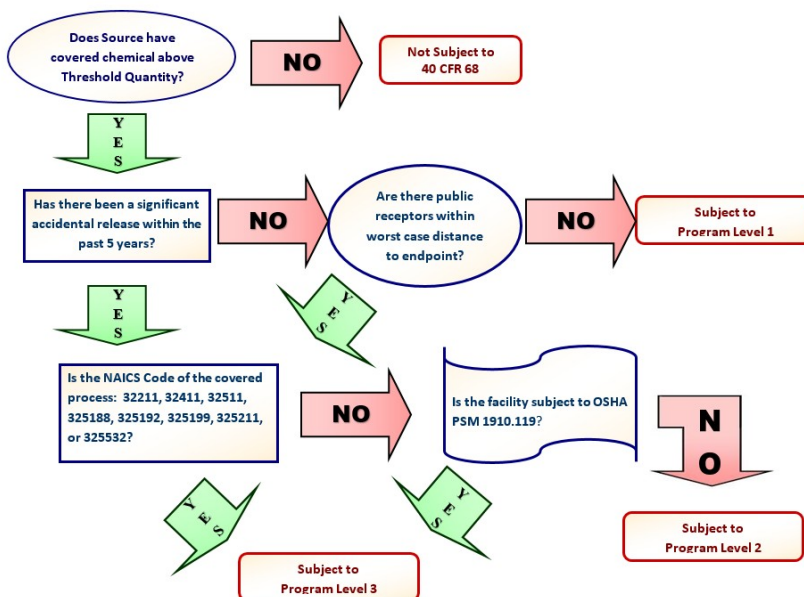
- **Effective Date:** This is the date the facility first received the regulated chemical in quantities higher than the threshold value, or the date the new invoice contact started, or the date chemicals are below the threshold quantities and will remain so, etc.
- **\*Updating Information:** If any information changes, a new registration reflecting the changes must be submitted to DEQ within 60 days of the changes (LAC 33:III.5911.C). When doing this, please check "Updated Registration" at the top of form and indicate the effective date of the changes. Please check the box in front of the section you are updating.
- **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.
- **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.
- **Owner/Operating Company Name:** This is the name of the company responsible for implementing the RMP at the subject facility.
- **Invoicing Contact Person:** This person is responsible for paying the annual maintenance fees.
- **Knowledgeable Contact Person:** This person must be familiar with the facility and RMP requirements.
- **Do Not Send Payment** with this registration. You will be sent an invoice for your annual maintenance fees after your registration is processed.

**Accidental release requirements:** An accidental release of a regulated substance, as defined by §68.10(b)(1), 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).

Follow this Flow Chart to Determine Program Level of Process



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