

SUBJECT: RENEWAL OF HAZARDOUS MATERIALS PLAN (HMBP)

Time to renew

Our records show that the annual update of your Hazardous Materials Plan is due. You are required by law to provide a current plan, or a certification of your existing plan, in order to renew the Permit(s) issued by this office.

Renewal packet

We are providing a renewal packet containing a Hazardous Materials Business Plan Annual Renewal Certification Form, and one copy of the Hazardous Materials Inventory Form.

If you...	Then...
have no changes to your plan submitted last year,	fill out and submit the: <ul style="list-style-type: none"> • Hazardous Materials Business Plan Annual Renewal Certification Form, • and • \$50.00 renewal fee. Keep copies for your records.
have changes to your inventory only,	fill out and submit the: <ul style="list-style-type: none"> • Hazardous Materials Business Plan Annual Renewal Certification Form, • updated inventory forms, and • \$50.00 renewal fee Keep copies for your records.
need to change your contingency plan or site map,	call 407.246.2386 and request a complete Hazardous Materials Business Plan (HMBP) packet. Then, fill out and submit the: <ul style="list-style-type: none"> • Hazardous Materials Plan Annual Renewal Certification Form, • Owner/Operator Identification Forms, • revised contingency plan and/or site map, and • \$50.00 renewal fee. Keep copies for your records.
have closed your business,	call 407.246.2386 to notify our office.
would like to submit your data on disk,	call 407.246.2386 for instructions.

Questions / need help?

If you have any questions or need assistance, please call one of our Hazardous Materials Specialists at 407.246.2386.

Regulatory Authority

Chapter 24. 28 City Fire Prevention Code
NFPA 1, Florida Fire Prevention Code

Hazardous Materials Business Plan (HMBP) Annual Renewal Certification Form

Important Note: Facilities subject to SARA requirements are not eligible for routine HMBP renewal and instead must submit their HMBP chemical inventory annually.

Pursuant to City of Orlando Fire Prevention Code Section 24.28(c), this Hazardous Materials Plan (HMBP) annual renewal certification is being submitted for:

Facility Name: _____

Enter one of the following:

Facility Address: _____

Facility ID Number: _____

(see your original HMBP mailing label; an example is FA0000000)

Certification:

Choose the appropriate option and check the relevant box (es):

Option 1

I have personally reviewed the HMBP currently on file with your agency, dated _____, and hereby certify, *under penalty of perjury*, that:

- the information contained in the most recent HMBP submission is complete, accurate and up to date,
- a copy of the facility's most current HMBP Business Activities and Owner / Operator Identification Pages is being submitted with this certification form,
- there have been no significant changes (100% increase or decrease) in the quantities of any previously reported hazardous materials/hazardous wastes as shown on current Hazardous Materials Inventory Forms,
- the facility has not begun handling any hazardous materials/hazardous wastes in reportable quantities that are not currently listed in the submitted Hazardous Materials Inventory, and
- there have been no significant changes in the facility's personnel or operations that would require revision of the current HMBP.

Option 2

HMBP revisions, amendments or additions are necessary and are being submitted with this document. The following areas of the HMBP are affected:

- Entire HMBP revision
- Site Map
- Owner / Operator Identification Page
- Hazardous Materials Inventory
- Other (Specify): _____

I understand that whenever there are changes in address, ownership, business name, or operations (closure, addition of undisclosed reportable hazardous materials or hazardous wastes, or significant changes to inventory quantities and/or contingency planning provisions), a notification of such must be made to the Hazardous Materials Division within 30 days of the change.

Name of Owner/ Operator/Authorized Representative (*Print*):

Signature of Owner/ Operator Authorized Representative:

Title:

Phone Number:

Date:



CITY OF ORLANDO

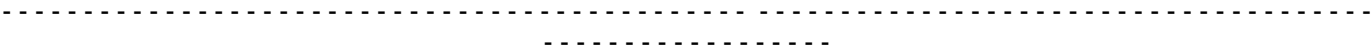
Remit To:

City of Orlando Fire Department
Fiscal Management Division, 3rd FL
P.O. Box 2846
Orlando, FL 32802-2846

Description	Amount
Hazardous Material Permit Fee	<u>50.00</u>
Invoice Total:	50.00

The City of Orlando Fire Prevention code requires all facilities within this jurisdiction that use, store, handle, transport or dispense hazardous materials in any quantity to report such activity to the Orlando Fire Department. This includes: Hazardous materials which, when mixed, react violently or emit toxic vapors or gases or which, in combination, become hazardous by reason of toxicity, oxidizing power, flammability or other properties shall be separated from each other in storage by distance, partitions or other approved manner so as to preclude accidental contact between them and shall be stored, handled, manufactured, transported and used in accordance with the codes and standards listed in this Code.

Cut along the line and return bottom portion with your payment



CITY OF ORLANDO HAZARDOUS MATERIAL PAYMENT STUB

Hazardous Material Permit Fee

Billed To:

4

Remit To:

City of Orlando Fire Department
Fiscal Management Division, 3rd FL
P.O. Box 2846
Orlando, FL 32802-2846

Account Number: 100.605.5440.400

- Check #:** _____
- MC/Visa/AMX #:** _____

Expiration Date: ____/____/____

Signature: _____

Amount Paid: _____