

County of Santa Clara
Department of Environmental Health
Hazardous Materials Compliance Division (HMCD)
Hazardous Materials Program
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400; Fax (408) 280-6479
www.EHinfo.org/hazmat



Agency Use Only	
Forwarded to: <input type="checkbox"/> MFD; <input type="checkbox"/> MVFD; <input type="checkbox"/> PAFD; <input type="checkbox"/> SCCFD	
Review by: _____	
Request: <input type="checkbox"/> Approved; <input type="checkbox"/> Denied Date: _____	
Comments: _____	

CERS LEAD BUSINESS USER AUTHORIZATION FORM

For Use in All Areas of Santa Clara County Other Than in the Cities of Gilroy, Santa Clara, and Sunnyvale

As a Certified Unified Program Agency (CUPA), HMCD is responsible for granting Lead Business User access to facility records in the California Environmental Reporting System (CERS) that: 1) no longer have an active Lead User (e.g., due to personnel changes); or 2) have been created by HMCD or our Participating Agencies and are ready for the facility owner/operator to assume responsibility for management of the data.

If you already have an active Lead User, do not submit this form. Your Lead Users should approve or deny CERS access requests by your employees, contractors, and consultants; and remove access in a timely manner for such persons who are no longer authorized to submit data on your behalf. HMCD recommends that you have more than one Lead User, and that your Lead Users not be contractors or consultants. If you have facilities in multiple CUPA jurisdictions, you may contact CERS and request multi-facility business organization status.

FACILITY OWNER NAME [Legal name of individual(s),partnership, corporation, LLC, or LLP]			OWNER PHONE
OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE

The following persons are hereby authorized to be CERS Lead Business Users for the facilities identified below. These Lead Users will be responsible for approving other authorized users, who will have access to create, edit, and submit CERS compliance data on my behalf.

NAME OF AUTHORIZED LEAD USER	TITLE
EMAIL ADDRESS	PHONE NUMBER

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EMAIL ADDRESS	PHONE NUMBER

Provide the information below or check the following box and attach a list of sites included in this authorization. List of sites attached

CERS ID	FACILITY NAME	SITE ADDRESS	CITY

Certification – I am the owner/operator or authorized legal representative of the owner/operator of the facilities listed on this form. I understand that compliance documents submitted electronically by my authorized users imply certification by the owner/operator of the submitted information in accordance with applicable federal and state laws, and that the facility owner/operator is ultimately responsible for the accuracy and completeness of all data submitted via CERS.

SIGNATURE	NAME OF SIGNER (print)	DATE SIGNED
TITLE OF SIGNER	PHONE NUMBER OF SIGNER	E-MAIL ADDRESS OF SIGNER