

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS WASTE  
CERTIFICATION OF FINANCIAL ASSURANCE  
FOR PERMIT BY RULE AND CONDITIONALLY AUTHORIZED ONSITE TREATERS**

a. Initial Certification       b. Amended Certification       c. Annual Certification 700. Page \_\_\_\_ of \_\_\_\_

**I. FACILITY IDENTIFICATION**

(Put an asterisk in the left margin next to the amended information)

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

|              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                 |    |
|--------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|-----------------|----|
| FACILITY ID# | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1. | FACILITY EP ID# | 2. |
|              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |                 |    |

TYPE OF OPERATION     a. PBR-FTU       b. CA       c. Other: 701.

**II. ESTIMATED CLOSURE COSTS**

*NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of this page.* 702.

ESTIMATED CLOSURE COSTS: \$

**III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS**

I am not required to provide a mechanism because:

a. I certify that my closure cost estimate is less than or equal to \$10,000, or 703.

b. Specify other reasons: \_\_\_\_\_ 704.

c. As a PBR owner or operator, I have not operated more than thirty days in a calendar year. (Does not apply to Conditional Authorization) 705.

**IV. CLOSURE FINANCIAL ASSURANCE MECHANISM**

I am required to provide a mechanism and it is attached to this page. 706. MECHANISM ID NUMBER(S): 708.

EFFECTIVE DATE OF CLOSURE ASSURANCE MECHANISM: \_\_\_\_\_ 707.

|                       |  |  |   |      |
|-----------------------|--|--|---|------|
| MECHANISM TYPE        | <input type="checkbox"/> a. Closure Trust Fund       | <input type="checkbox"/> d. Closure Insurance                      | <input type="checkbox"/> g. Multiple Financial Mechanisms | 709. |
| (Check one item only) | <input type="checkbox"/> b. Surety Bond              | <input type="checkbox"/> e. Financial test and Corporate Guarantee | <input type="checkbox"/> h. Certificate of Deposit        |      |
|                       | <input type="checkbox"/> c. Closure Letter of Credit | <input type="checkbox"/> f. Alternative Mechanism                  | <input type="checkbox"/> i. Savings Account               |      |

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION 710.

ADDRESS 711.

|  |   |  |
|--|---|--|
| CITY <span style="float: right;">712.</span> | STATE <span style="float: right;">713.</span> | ZIP CODE <span style="float: right;">714.</span> |
|--|---|--|

**V. OWNER OR OPERATOR CERTIFICATION**

SIGNER OF THIS CERTIFICATION     a. Owner       b. Operator 715.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)

|                             |  |
|-----------------------------|--|
| SIGNATURE OF OWNER/OPERATOR | DATE <span style="float: right;">716.</span> |
|-----------------------------|--|

|  |   |
|--|---|
| NAME OF OWNER/OPERATOR (Print) <span style="float: right;">717.</span> | TITLE OF OWNER/OPERATOR <span style="float: right;">718.</span> |
|--|---|

# Instructions for Completing the Certification Of Financial Assurance for Permit by Rule and Conditionally Authorized Onsite Treaters (Formerly DTSC Form 1232)

This form must be completed by the owner or operator of a Fixed Treatment Unit (FTU) operating under Permit by Rule (PBR), or a hazardous waste generator operating pursuant to a grant of Conditional Authorization (CA). If this is a new facility, this certification should be attached to the Onsite Hazardous Waste Treatment Notification - Facility page. If this is an existing facility and you have previously submitted a Notification, this certification and your financial assurance mechanism may be submitted without another Notification. Refer to 22 CCR §67450.13 for financial assurance requirements.

PBR and CA operations must provide evidence of financial assurance to cover closure costs. However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000. You must complete this form even if you qualify for an exemption.

An adjustment to the closure cost estimate for inflation is required to be completed by March 1 of each year. See H&SC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility. Please number all pages of your submittal. (Note: Numbering of these instructions follows the UPCF data element numbers on the form.)

1. FACILITY ID NUMBER - This number is for agency use only. Leave this space blank.
2. EPA ID NUMBER - Enter the EPA ID Number for the facility.
3. BUSINESS NAME - Enter the complete Facility Name.
700. CERTIFICATION STATUS - Check the appropriate box to identify the type of certification.
701. TYPE OF OPERATION - Check the type of operation. If type of operation is not listed, check "Other" and indicate type in the space provided.
702. ESTIMATED CLOSURE COSTS - Enter the total estimated cost of closing each treatment unit and attach a written estimate of the closure costs. The estimated closure cost may be either the actual cost or the estimated cost when using your own staff and/or equipment. The closure cost estimate may take into account any salvage value that may be realized from the sale of wastes, facility structure or equipment, land or other facility assets. The following is a model closure cost estimate (NOTE: For PBR only, if you have operated under PBR for less than 30 days in any calendar year, you qualify for an exemption. If eligible for this exemption, enter "EXEMPT" on the form in place of a dollar amount):

**ACTIVITY**

| <b><u>ACTIVITY</u></b>   | <b><u>COST</u></b> |
|--|--------------------|
| a. Removal, treatment (on-site or off-site), or disposal of waste inventories                              | \$ _____           |
| b. Removal and disposal of soil  | \$ _____           |
| c. Decontamination of equipment and structure  | \$ _____           |
| d. Demolition and removal of containment system components or structure                                    | \$ _____           |
| e. Transportation  | \$ _____           |
| f. Sampling and analysis of waste, soil, equipment, and structure  | \$ _____           |
| g. Certification or other demonstration of closure ("clean" closure or specified level of decontamination) | \$ _____           |
| h. Other expenses (specify)  | \$ _____           |
| i. Less Assets (salvage value of waste, equipment or property)   | \$ _____           |
| <b>TOTAL COST OF CLOSURE</b>   | <b>\$ _____</b>    |

703. EXEMPTION FROM FINANCIAL ASSURANCE - Check this box to claim the exemption from the financial assurance requirements for total closure cost estimate less than or equal to \$10,000. A model letter using the required certifications must be submitted to claim this exemption.
704. EXEMPTION FROM FINANCIAL ASSURANCE - OTHER - Check to claim "Other" reason for exemption from financial assurance requirements. Describe the reason for the exemption in the space provided. Reference the applicable statute or regulation granting the exemption.
705. EXEMPTION FROM FINANCIAL ASSURANCE - <30 DAYS PER YEAR - Check to claim the exemption from financial assurance requirements if owner or operator under PBR only and operating no more than thirty days in any calendar year.
706. REQUIREMENT FOR FINANCIAL ASSURANCE - Check to indicate that the financial assurance mechanism is attached.
707. DATE OF CLOSURE ASSURANCE MECHANISM - Enter the effective date of the financial assurance mechanism.
708. MECHANISM ID NUMBER - If applicable, enter an identifying number for the closure assurance mechanism (e.g. insurance policy number).
709. CLOSURE ASSURANCE MECHANISM - Check to indicate the type of financial mechanism used to provide the closure cost assurance. Eligible types are:
  - a. A closure trust fund, as provided in 22 CCR §66265.143(a) [NOTE: You must also complete DTSC Form 1154];
  - b. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b) [NOTE: You must also complete either DTSC Form 1155 or 1156 with DTSC Form 1154];
  - c. A closure letter of credit, as described in 22 CCR §66265.143(c) [NOTE: Also complete DTSC Form 1157];
  - d. Closure insurance, as described in 22 CCR §66265.143(d) [NOTE: Also complete DTSC Form 1158];
  - e. A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e) [NOTE: Also complete either DTSC Form 1159 or 1173];
  - f. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c);
  - g. Use of multiple financial mechanisms for closure costs, as described in 22 CCR §66265.143(g);
  - h. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code;
  - i. A savings account, as described in section 4-104(a) of the Uniform Commercial Code.

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from your Certified Unified Program Agency (CUPA) or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA, rather than DTSC.
710. FINANCIAL INSTITUTION OR SURETY NAME - For items 710-714, enter the name and address of the financial institution, insurance company,
711. FINANCIAL INSTITUTION OR SURETY ADDRESS - surety company, or other appropriate organization used to establish the closure financial
712. FINANCIAL INSTITUTION OR SURETY CITY - assurance. Indicate your company if you are using a corporate guarantee and financial test.
713. FINANCIAL INSTITUTION OR SURETY STATE -
714. FINANCIAL INSTITUTION OR SURETY ZIP CODE -
715. SIGNER OF CERTIFICATION - Check the appropriate box to indicate whether the person certifying is the owner or the operator of the facility.  
SIGNATURE - The business owner, or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. Certification must be completed as specified in Title 22, CCR, section 66270.11. The title should indicate that an appropriate authorized person is signing for the company. In most companies, this is not the environmental compliance or technical staff. Original signatures are required on all documents submitted.
716. DATE CERTIFIED - Enter the date that the document was signed
717. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
718. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.