



CUPA
San Bernardino County Fire Department • Hazardous Materials Division
620 South 'E' Street, San Bernardino, CA 92415-0153
(909) 386-8401 • FAX (909) 386-8460 • www.sbctfire.org

ACCESS REQUEST to FACILITY RECORDS IN CERS - MULTIPLE FACILITIES

For more information, see: <http://www.sbctfire.org/hazmat/efile.aspx> or call CERS help line (909) 386-8432

The purpose of the ACCESS REQUEST is to ensure that only individuals designated by the facility owner/operator are authorized by the CUPA to access facility records and to create, edit, and submit electronic data on the owner's behalf to the statewide system, known as the California Environmental Reporting System (CERS). The initial business user authorized by the CUPA to have access to a facility on CERS is designated as a lead business user. Lead business users have the ability to add additional lead or standard business users, approve or reject other access requests, or delete other users for any facility for which they are listed as a lead user.

AUTHORIZED LEAD BUSINESS USER

Name	Title
Email Address	Contact Phone

OWNER NAME	OWNER EMAIL ADDRESS			
OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE	OWNER PHONE

Fill out the boxes below or attach a list of sites included in this authorization. List of sites attached.

FACILITY ID (e.g., FA0123456)	FACILITY NAME (e.g., CUPA AUTO)	SITE ADDRESS (e.g., 123 N. MAIN ST.)	CITY (e.g., ANYTOWN)

Each facility record that is entered into CERS is assigned to a business/organization. Multiple facilities that have the same owner/operator and that will have the same users managing the facility record in CERS can be grouped together into a single "umbrella" business/organization. If the facilities listed on this form should be grouped into a single business/organization, please enter the desired name and headquarters location (city and state only; street address not necessary) for the business/organization. It doesn't have to be a legal, corporate name, but can be any name that refers to the facilities as a group (e.g., if John's Garage East and John's Garage West have the same owner/operator, the name that is chosen for the business/organization might be John's Garages, with the location being the city and state of the owner's home).

Business/organization name (i.e., headquarters)	Business/organization location (city & state)
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Check this box if you do NOT want the facilities listed on this form to be grouped into a single business/organization

I authorize the person and email address listed above to be a lead business user for the listed facilities. This includes the ability to create, edit, and submit compliance data for the listed facilities. I understand that as a lead business user this person may approve additional lead business users or standard business users, grant or reject facility access requests, and delete users from the facilities listed on this authorization form.

Certification – I certify that I am the owner/operator or legal representative of each facility listed on this form. I understand that compliance documents prepared or submitted electronically are held to the same standard as their former paper equivalents.

SIGNATURE OF OWNER/OPERATOR OR LEGALLY DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	

Return completed form by Mail: San Bernardino County Fire Department or Fax: (909) 386-8460 or Email: Efile@sbctfire.org
 Hazardous Materials Division
 620 South E Street
 San Bernardino, CA 92415-0153

OFFICE USE	Notes:
Form Revised 11/14/12	Completed by: _____ Date: _____

OFFICE USE ONLY: DATE STAMP