



HAZARDOUS MATERIALS GENERAL INFORMATION FORM

Business

Name: _____ Phone: _____

Address: _____ Reference # _____

2. Person Responsible for the Business:

Name Title Phone

3. Emergency Contacts\Coordinators:

Name Title Home Phone Work Phone

4. Person Responsible for the Application\Principal Contact:

Name Title Phone

5. Property Owner:

Name Business Address Work Phone
Home Address Home Phone

6. Principal Business Activity: _____

7. Number of Employees: _____ 8. Number Shifts/Time Shifts Change: _____/_____

9. Hours of Operation: _____ 10. Number Assigned to Each Shift: _____

11. Declaration

I certify that the information above and on the attached documents is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by owner/operator or designated representative)

Updates and amendments must be submitted to the Fire Department annually or within 30 days of a change.