



**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM  
Certification of Financial Assurance**

This page is to be completed by the owner or operator of a Fixed Treatment Unit operating under Permit by Rule (PBR), or a 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, the certification and the financial assurance mechanism may be submitted without another notification.

Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (22 CCR §67450.13(b) and HSC §25245.4). However, you are eligible for an exemption from financial assurance requirements if closure cost estimates are not more than \$10,000 (22 CCR §67450.13(d)). PBR operations that operated less than thirty (30) days in any calendar year are also eligible for an exemption (22 CCR §67450.13(e)). Complete the page 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 HSC §67450.13(a)(2) for instructions on calculating the adjustment. This updated closure cost estimate must be maintained at the facility.

Refer to 22 CCR §67450.13 for financial assurance requirements.

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
2. EPA ID NUMBER Enter the EPA ID number for the facility.
3. BUSINESS NAME Enter the full legal name of the business.
700. CERTIFICATION STATUS Check the reason the certification is being completed.
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. Following is a model closure cost estimate:

ACTIVITY	COST
1. Removal, treatment (on-site or off-site), or disposal of waste inventories	_____
2. Removal and disposal of soil	_____
3. Decontamination of equipment and structure	_____
4. Demolition and removal of containment system components or structure	_____
5. Transportation	_____
6. Sampling and analysis of waste, soil, equipment, and structure	_____
7. Certification or other demonstration of closure ("clean" closure or specified level of decontamination)	_____
8. Other expenses (specify)	_____
9. Less Assets (salvage value of waste, equipment or property)	- _____
<b>TOTAL COST OF CLOSURE</b>	<b>= _____</b>

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 the exemption, enter "EXEMPT" in this space.

703. EXEMPTION FROM FINANCIAL ASSURANCE Check 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 for 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 whether the financial assurance mechanism is attached.
707. DATE OF CLOSURE ASSURANCE MECHANISM Enter the effective date of the closure financial assurance mechanism.
708. MECHANISM ID NUMBER If applicable, enter the number of the closure assurance mechanism, for example, the insurance policy number.
709. CLOSURE ASSURANCE MECHANISM Check to indicate the type of financial mechanism established to provide the closure cost assurance.

- Eligible types are contained in 22 CCR §67450.13(a)(5). They are:
1. A closure trust fund, as provided in 22 CCR §66265.143(a); DTSC Form 1154
  2. A surety bond guaranteeing payment into a closure trust fund, as described in 22 CCR §66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
  3. A closure letter of credit, as described in 22 CCR §66265.143(c); DTSC Form 1157
  4. Closure insurance, as described in 22 CCR §66265.143(d); DTSC Form 1158
  5. A financial test and corporate guarantee for closure, as described in 22 CCR §66265.143(e); either DTSC Form 1159 or 1173
  6. An alternative mechanism for closure costs, as described in 22 CCR §67450.13(c); (no form)
  7. Use of multiple financial mechanisms for closure costs, as described in 22 CCR § 66265.143(g); (no form)
  8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
  9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or PA or the DTSC Regional Office. When using these forms, verify that the beneficiary is the CUPA or PA, rather than DTSC.

710. FINANCIAL INSTITUTION OR SURETY NAME For items 710-714, enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure
711. FINANCIAL INSTITUTION OR SURETY ADDRESS financial assurance. Indicate your company if you are using a corporate guarantee and
712. FINANCIAL INSTITUTION OR SURETY CITY financial test.
713. FINANCIAL INSTITUTION OR SURETY STATE
714. FINANCIAL INSTITUTION OR SURETY ZIP CODE
715. SIGNER OF CERTIFICATION - Check 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. The authorized signatory must be completed as specified in Title 22, CCR, Section 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. 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.