

FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Statement of Determination

(Check Only One)

Exempt from Reporting for Filing Year _____

Deregistration - Facility Decommissioned

*Due to Chemicals Being Removed or Under Threshold for the Filing Year

Facility Name:				
Physical Address & City, Zip:				
LEPC:		County:		SERC ID or Access ID:
SECTIONS 302 - 303	<input type="checkbox"/>	Extremely Hazardous Substances (EHSs) WERE present only in amounts less than established Threshold Planning Quantities (TPQs) <i>as of this date:</i>		
	<input type="checkbox"/>	NO EHSs were present on-site during the current filing year. <i>ALL EHSs were removed as of this date:</i>		
SECTIONS 311 - 312	<input type="checkbox"/>	Hazardous Substances (HSs)/EHSs WERE present only in amounts below established Threshold Planning Quantities (TPQs) <i>as of this date:</i>		
	<input type="checkbox"/>	NO Hazardous Substances (HSs)/EHSs WERE present on-site during the current filing year. List the <i>date ALL HSs/EHSs were removed:</i>		
SECTION 313	<input type="checkbox"/>	Not within covered NAICS Codes.		
	<input type="checkbox"/>	Within covered NAICS Codes, but less than ten (10) employees.		
	<input type="checkbox"/>	Within covered NAICS Codes, but NO Section 313 chemicals were present <i>or</i> were BELOW Section 313 Threshold Planning Quantities.		
OTHER	<input type="checkbox"/>	Closed Facility: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chemicals Removed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chemicals Reduced Below TPQ: <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/>	Date Effective:		

Further Explanation if Necessary (including chemical name and CAS Number):

Certification: (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this page, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name and Official Title of Owner / Operator OR Owner / Operator's Authorized Representative

Signature

Date Signed

Form Updated 10/21/2020