

Appendix E

Risk Management Program

De-registration Form

RISK MANAGEMENT PROGRAM De-registration Form

Today's Date: _____

EPA Facility Identifier: _____

Effective Date of De-registration: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Select (Check) Reason for De-registration:

- ☐ Source reduced inventory of all regulated substances below TQs
- ☐ Source no longer uses any regulated substance
- ☐ Source terminated operations
- ☐ Other: _____

I, _____, certify the above stationary source as of the above
(Name of Facility Owner or Operator)

effective date is no longer covered by the Accidental Release Prevention Regulations, 40 CFR Part 68.

Signature of Owner or Operator

Date

Official Title

PLEASE MAIL THE COMPLETED DE-REGISTRATION FORM PROMPTLY TO:

**RMP Reporting Center
P.O. Box 10162
Fairfax, VA 22038**

If you prefer to send your De-registration Form by certified mail, courier or overnight mail (e.g., Fed Ex, UPS, etc.), please address it to:

RMP Reporting Center
c/o CGI Federal, Inc
12601 Fair Lakes Circle
Fairfax, VA 22033