

**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