



SOLVENT CLEANING OPERATION REGISTRATION

NOTE: Enter information from your previous calendar year activities and mail it back or email it to registration@yrcaa.org

1. FACILITY INFORMATION HAS THE BUSINESS NAME OR OWNERSHIP CHANGED IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. FACILITY NAME	b. OWNER NAME	c. UNIFIED BUSINESS IDENTIFIER (UBI)	
d. PHYSICAL ADDRESS		e. MAILING ADDRESS	
f. CONTACT NAME & TITLE		g. PHONE	h. EMAIL
i. PREFERRED CONTACT METHOD <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL			
2. GENERAL INFORMATION			
a. TYPE OF FACILITY <input type="checkbox"/> COLD DEGREASERS <input type="checkbox"/> VAPOR DEGREASERS HOW ARE PARTS DRIED AFTER REMOVAL FROM A DEGREASER? LIST OTHER PROCESSES (i.e. WELDING, GRINDING, SANDING, OR PAINTING) IF SURFACE COATING, PLEASE FILL OUT A SURFACE COATING FORM IN ADDITION TO THIS SOLVENT FORM			
b. OPERATING SCHEDULE	HOURS PER DAY	DAYS PER WEEK	WEEKS PER YEAR
3. EQUIPMENT AND PROCESS INFORMATION			
a. EMISSION POINTS LIST ALL EMISSION POINTS AND CORRESPONDING CONTROL EQUIPMENT			
EMISSION POINT	DATE INSTALLED	CONTROL EQUIPMENT	
b. THROUGHPUT INFORMATION LIST ALL SOLVENTS USED			
ITEM		QUANTITY USED	
c. MATERIAL SAFETY DATA SHEETS <input type="checkbox"/> PREVIOUSLY SUBMITTED <input type="checkbox"/> INCLUDED WITH THIS REGISTRATION SUBMISSION.			
4. CERTIFICATION I, the undersigned, do hereby certify that the information provided is accurate and complete to the best of my knowledge.			
SIGNATURE _____		TITLE _____	
NAME (PRINT) _____		DATE _____	