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 District:		**County:**		**SERC ID or Access ID:**	
SECTIONS 302 - 303	☐	Extremely Hazardous Substances (EHSs) **ARE / WERE** present only in amounts less than established Threshold Planning Quantities (TPQs) as of this date:			
	☐	No **EHSs ARE / WERE** present on-site during the current filing year. **ALL** EHSs were removed as of this date:			
SECTIONS 311 - 312	☐	EHSs **ARE / WERE** present only in amounts below established Threshold Planning Quantities (TPQs) as of this date:			
	☐	No EHSs **ARE / WERE** present on-site during the current filing year. List the date **ALL** EHSs were removed:			
SECTION 313	☐	Not within covered NAICS Codes.			
	☐	Within covered NAICS Codes, but less than ten (10) employees.			
	☐	Within covered NAICS Codes, but no Section 313 chemicals **WERE / ARE** present *or* **WERE BELOW** Section 313 Threshold Planning Quantities.			
OTHER	☐	**Closed Facility:** ☐ **YES** ■ **NO**	**Chemicals Removed:** ☐ **YES** ■ **NO**	**Chemicals Reduced Below TPQ:** ☐ **YES** ■ **NO**	**Date Effective:**

Further Explanation if Necessary:

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