



PSBUSINESSPARKS.

HAZARDOUS MATERIALS QUESTIONNAIRE SHORT FORM

This Hazardous Materials Questionnaire is designed to solicit information regarding Tenant's proposed use, generation, treatment, storage, transfer or disposal of hazardous or toxic materials, substances or wastes.

1. PROPOSED TENANT

Name (Corporation, Individual, Corporate or Individual DBA, or Public Agency): _____

Standard Industrial Classification Code (SIC): _____

Contact Person & Title: _____

Telephone Number: _____

2. DESCRIPTION OF PROPOSED PREMISES USE

Describe proposed use and operation of Premises including (i) services to be performed, (ii) nature and types of manufacturing or assembly processes, if any, and (iii) the materials or products to be stored at the Premises.

Will the operation of your business at the Premises involve the use, generation, treatment, storage, transfer or disposal of hazardous wastes or materials? Do they now? Yes ___ No ___ If the answer is "yes," or if your SIC code number is between 2000 to 4000, please complete Section 3.

3. PERMIT DISCLOSURE

Does or will the operation of any facet of your business at the Premises require any permits, licenses or plan approvals from any of the following agencies?

- | | |
|---|----------------|
| U.S. Environmental Protection Agency | Yes ___ No ___ |
| City or County Sanitation District | Yes ___ No ___ |
| State Department of Health Services | Yes ___ No ___ |
| U.S. Nuclear Regulatory Commission | Yes ___ No ___ |
| Air Quality Management District | Yes ___ No ___ |
| Bureau of Alcohol, Firearms and Tobacco | Yes ___ No ___ |
| City or County Fire Department | Yes ___ No ___ |
| Regional Water Quality Control Board | Yes ___ No ___ |
| Other Governmental Agencies (if yes, | Yes ___ No ___ |
| Identify: (_____) | |

If the answer to any of the above is "yes," please indicate permit or license numbers, issuing agency and expiration date or renewal date, if applicable.
