

EMD USE ONLY

Registration No. _____

Business No. _____

Date Received _____

Category
A / B / C

**BEAUFORT COUNTY HAZARDOUS MATERIALS
RENEWAL FORM**

Renewal of Hazardous Materials Registration

(Authority – Beaufort County Code of Ordinances, Chapter 46 – Health and Sanitation,
Article V – Hazardous Materials)

Please complete entire form. Sign and date at the bottom. Illegible or incomplete forms will be returned. Renewal fee should be submitted with this form. Should you need assistance completing form, call the Beaufort County Hazardous Materials Office at 843-255-4000.

1. Name of Business _____

2. Street Address (Not PO Box) _____ Suite No. _____

City _____ State _____ Zip _____

3. Mailing Address _____

City _____ State _____ Zip _____

4. Business Phone Number (Not Corporate Office) _____

5. Fire Department Jurisdiction _____

(Choose one: Beaufort FD (includes Beaufort & Port Royal); Burton FD; Bluffton FD; Hilton Head Fire & Rescue; Sheldon FD; Daufuskie Island FD; Lady's Island/St. Helena FD; Fripp Island FD; Yemassee FD)

6. Emergency Contact Information (Two emergency contacts must be provided)

a. Name of Facility Emergency Coordinator _____
Home Street Address (No PO Box) _____
Home Phone _____ Cell Phone _____

b. Name of Alternate Facility Emergency Coordinator _____
Home Street Address (No PO Box) _____
Home Phone _____ Cell Phone _____

7. Location of Safety Data Sheets (SDS) at this Business? _____

8. LIST THE HAZARDOUS MATERIALS ON SITE AT THE BUSINESS: (attach additional sheet if necessary)

*** THIS SECTION MUST BE COMPLETED TO RECEIVE YOUR CERTIFICATE. ***

COMMON NAME OF CHEMICAL	MAX. AMT.	UNIT	CONTAINER TYPE	PHYSICAL STATE

I certify that the information contained in this form is true and correct to the best of my knowledge and belief.

Print Name and Title

Signature

Date

Phone Number

Email Address