

Additional Information

- The application processing time is up to 15 business days from the date your application is received by DTSC.
- To check the status of your permanent State ID number, visit the following links: *(Computer pop-up blockers may need to be disabled.)*
 - By ID Number: https://hwts.dtsc.ca.gov/report_search.cfm?id=2
 - By Company: https://hwts.dtsc.ca.gov/report_search.cfm?id=5
- There are no fees to obtain a permanent State ID number.
- Please make a copy of your application for your records as DTSC will not provide a copy of your completed application.
- Please review your application for completeness before submitting as incomplete applications will delay the processing.
- Newly issued permanent State ID numbers will receive a confirmation notice by mail.
- Reactivated or inactivated permanent State ID numbers will not receive written confirmation. You can check the status of your ID number in one of the links above.
- Questions? Please contact our Telephone Information Center at (800) 618-6942 or email us at idnumber@dtsc.ca.gov.

PERMANENT STATE ID NUMBER APPLICATION

Please type or print legibly in ink.

NEW NUMBER REQUESTS Check all that apply.

1. I am applying for a **new** permanent California ID number as a hazardous waste: **Generator** **Transporter**

Reason for a new number: A. Never had a number B. Business moved C. Legal owner of business changed
If your business generates greater than 100 kg of RCRA hazardous waste other than those hazardous waste listed in 40 CFR 261.5 subparts (c) and (d) per month, please complete Form 8700-12 for a federal EPA ID number.

CHANGES TO STATUS OR INFORMATION FOR AN EXISTING STATE ID NUMBER

For existing ID number: **C A** _____

- 2. I am updating the mailing address and/or contact information only.
- 3. I am inactivating this ID number.
- 4. I am reactivating this ID number. Reason (please select one): A. Verification Questionnaire B. Other
- 5. I am changing the business name only, no ownership change.

6. Site/Facility/Business Name (Include DBA): _____

7. Site Location: _____
Street

City State Zip Code County

8. (a) Federal Employer ID Number _____ (b) CDTFA Account Number _____
((b) is only required from generators of greater than 5 tons per calendar year.)

9. Mailing Address: _____
Street

City State Zip Code

10. Site Contact Person: _____
First Name Last Name

Contact Person Address: _____
Street

City State Zip Code

Contact Person Phone Number: (____) _____ Fax Number: (____) _____
Area Code Phone Number Area Code Fax Number

Contact Person Business Email Address: _____

11. Legal Business Owner (not property owner): _____
Name

Owner Address: _____
Street City State Zip Code

Owner Phone Number: (____) _____ Fax Number: (____) _____
Area Code Phone Number Area Code Fax Number

12. Standard Industrial Classification (SIC) Code for the Site: ____ ____ ____ ____ (4-Digit Number)

13. Certification: *I certify under penalty of law that the information on this document was prepared to the best of my knowledge and belief to be true, accurate and complete.*

SIGNATURE (handwritten) _____ Date _____

Name (print) _____ Title _____ Phone _____