

EMISSION YEAR <b>20</b> __ __	<b>CEIDARS II</b> <b>CEIP &amp; CEIR UPDATE SURVEY</b> COMPANY [ ][ ][ ][ ]      FACILITY [ ][ ][ ][ ][ ]	FORM  <b>UDS</b> SIDE 2
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D. The following questions must be answered if this facility does not want to complete and submit a 2017 Comprehensive Emission Inventory Plan and Report (CEIP & CEIR)

	QUESTIONS	YES	NO
1	Did this facility operate during the past emission (calendar) year?		
2	Did any new or modified processes begin emitting during the past emission (calendar) year?		
3	What is the last emission year this facility submitted a CEIR? What is the last emission year this facility submitted a CEIP?		
4	Have any process feed rates been altered (increased and/or decreased) so as to cause a 10 percent or greater change (increase and/or decrease) in any emissions?		
5	Have any other process conditions been altered/modified, i.e. basic equipment, control devices, feed material, temperature, pressure, retention time, etc. so as to cause a 10 percent or greater change (increase and/or decrease) in any air emissions?		
6	Has the distance to any receptor decreased since the previous update?		
7	Based upon the SIC for this facility, is this facility required to updates its CEIP & CEIR?		
8	Can the District use a previous CEIP and CEIR as the latest emission year CEIP and CEIR? If yes, indicate what emission data can be used.		
9	Does this facility want to submit a current CEIP and /or CEIR?		

E. This section must be completed to claim small business status for the purpose of the Air Toxics "Hot Spots" Fees.

A small business is defined as:

- 1) a facility who has 10 or fewer full-time equivalent employees;
- 2) a facility whose total annual gross receipts are less than \$1,000,000; and
- 3) a company whose total annual California gross receipts are less than \$5,000,000

	This Facility	State of California
Number of employees		
Annual Gross Receipts *		
Less than \$ 1,000,000		
\$ 1,000,000 to \$ 5,000,000		
More than \$ 5,000,000		

\* Check the appropriate box for total annual gross receipts.

F. **CERTIFICATION**  
(Please print or type)

I, \_\_\_\_\_, a responsible official of  
(Name of Official)

\_\_\_\_\_, hereby certify that, based  
(Name of Facility)

upon information and belief formed after reasonable inquiry, the above and attached information is true, accurate and complete. Executed tl \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_  
(Day) (Month) (Year)

at \_\_\_\_\_.  
(County and State)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title)