

Corporation name: \_\_\_\_\_

INSTRUCTIONS: This form must be completed for all permits, registrations operated and/or owned by private corporations or partnerships. One form must be completed for each corporation or partnership involved in the operation or ownership of the facility. This form must be completed and submitted every five years or each time there is a change in officers or partners.

NAME	TITLE	PERMANENT MAILING ADDRESS	EMAIL ADDRESS

Date Completed \_\_\_\_\_ Name of Preparer \_\_\_\_\_

Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_

**Attach additional sheets to continue listings if necessary.**