



**Tolleson Fire Department – Fire Prevention Division
Hazardous Material Permit Application**

1. Business & Billing Information

Business Name:	Billing Address:
Business Address:	Billing City:
Building #:	Billing State:
Suite #:	Billing Zip:
City:	Billing Contact:
Phone:	Contact #:
Fax:	

2. Fire Department Liaison

This person is responsible for coordinating activities and assisting the Fire Department, explanation of the chemical storage & use processes and has access to the Material Safety Data Sheets. The person shall be located in the metropolitan Phoenix area, unless the facility is unattended.

FD Liaison Name:	Business #:
Is the facility unattended? Yes _____ No _____	
Is the facility registered w/the Annual Facility Permit (AFP) program? Yes _____ No _____	

3. After Hour Emergency Contacts

Primary Name:	24 Hour Contact #:
Mobile #:	Pager #:
Secondary Name:	24 Hour Contact #:
Mobile #:	Pager #:

4. Responsible Official

A responsible official is any person who is (1) current owner or operator (2) arranges for the storage, use, handling or dispensing of hazardous materials.

Name:	Title:
Phone #:	Email:

Signature / Date: _____ / Date: _____

I declare that the information provided in the Hazardous Materials Permit Application & Hazardous Materials Inventory Statement is true and correct.

TFD USE ONLY

Fee Group: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Responsible Inspector: _____

Original Permit Date & Scope: _____

Return signed application, hazmat inventory statement(s) & site plan to:

Tolleson Fire Department – Fire Inspector: Renee Hamblin

203 N. 92nd Ave., Tolleson, Az. 85353

Email: reneehamblin@tolleson.az.gov / Direct #: 623-474-4624