THIS IS A TEMPLATE AVAILABLE FOR YOUR USE.
PLEASE USE YOUR COMPANY / FACILITY LETTERHEAD.

Date

AR Department of Emergency Management
Hazardous Materials Program-Tier II Reporting
ATTN: Program Manager
Building #9501 Camp Joseph T. Robinson
North Little Rock, AR 72199

Dear Program Manager:

Enclosed is the _____ RY Tier Two Emergency and Hazardous Chemical Inventory Report. This report is submitted in accordance with the requirements issued October 15, 1987, under Section 312 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA).

Enclosed is the disk/cd prepared using the Tier 2 Submit software along with the associated fees per your states reporting requirements.

I certify under penalty of law that I have personally examined and am familiar with the information submitted and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the information is true, accurate, and complete.

Name and Official title of owner/operator
OR owner/operator's Authorized Representative