

State of California

California Environmental Protection Agency  
Department of Toxic Substances Control  
OEIM – Business Operations Unit**Permanent State ID Number Application (DTSC Form 1358) Instructions**

Do not use DTSC Form 1358 to apply for a temporary State ID number or to apply for or make changes to a federal EPA ID number.

**Who qualifies for a State ID number?**

All handlers generating less than 100 kg of RCRA hazardous waste and/or 1 kg of RCRA acutely hazardous waste per month, and any amount of a non-RCRA hazardous waste can apply for a permanent State ID number.

**Note: All required fields must be entered legibly and completely. Any missing or illegible fields will cause your application to be rejected.**

**Line 1 – New Number Requests**

- If you are applying for a new permanent State ID number, check this box. Select Generator, Transporter, or both, and select the reason you are applying.
- You cannot apply for a new permanent State ID number and the inactivation of an existing permanent State ID number on the same application. Two separate applications must be submitted.

**Lines 2-5 – Changes to Status or Information for an Existing State ID Number**

- Check the appropriate box to update, inactivate or reactivate a permanent State ID number or to change the business name only.
- A permanent State ID number is specific to the location and owner to which it was assigned. If your business has moved or has had a change in ownership, you must apply for a new permanent State ID number.
- You may change the business name without applying for a new permanent State ID number if there has been no change in legal ownership.
- A Permitted Facility may change the facility information by submitting U.S. EPA Form 8700-12 electronically through the RCRAInfo System (preferred), by email, or mail. The Facility ID number is twelve characters long with either a two or three lettered prefix. Contact your Permitting Project Manager for instructions on how to update your facility's name, ownership, and operator information.

**Line 6 – Site/Facility/Business Name**

- Enter the legal name of the site/facility/business, this may include a Doing Business As (DBA).

**Line 7 – Site Location**

- Enter the site/business location address and include the county name.
- A permanent State ID number is specific to the location and owner to which it was assigned. If your business has moved or has had a change in ownership, you must apply for a new permanent State ID number.

- The address must be a physical address with a street number and street name. If there is no physical address, the latitude and longitude or assessor's parcel number is acceptable.
- Post office boxes and descriptive addresses are not acceptable.

**Line 8 – Federal Employer ID Number, California Department of Tax and Fee Administration (CDTFA) Number, and Secretary of State Entity/Filing Number**

- Enter the Federal Employer ID Number (FEIN), also known as the Federal Tax Identification Number. If the business is a sole proprietorship and does not have a FEIN, enter "sole proprietorship" or "N/A". Do not enter your social security number (SSN) if you are a sole proprietor and are using your SSN as your taxpayer identification number. This field is required and cannot be left blank.
- A CDTFA Number, also known as a Hazardous Waste Generator Fee account number, is only required if your business generates or produces five or more tons of hazardous waste per calendar year, regardless of the final waste disposition. DTSC notifies CDTFA when a State ID number has been issued. To apply for a CDTFA Number or for more information, visit the [California Department of Tax and Fee Administration](http://cdtfa.ca.gov) at [cdtfa.ca.gov](http://cdtfa.ca.gov).
- If the CDTFA Number is not applicable to you or your company, this field will be left blank.
- We use the entity or filing number issued by the California Secretary of State (SOS) to match the business owner information on the form with the registered business owner filed with the SOS. This field should be left blank if the business is a sole proprietorship or the number is unknown. For more information, visit the California Secretary of State's website at <https://www.sos.ca.gov/business-programs/business-entities/faqs>.

**Line 9 – Mailing Address**

- Enter the mailing address. This address may be different from the site location address, and a P.O. Box can be used.
- You must enter a complete mailing address as this is a required field. Using phrases such as "Same as above" will cause your application to be rejected.

**Line 10 – Site Contact Information**

- Enter the site contact person's name, address, and phone number. These fields must be filled out completely or the application will be rejected.
- Entering an email address and fax number are recommended if available.

**Line 11 – Legal Business Owner**

- Enter the legal business owner's information. If the business is a corporation, enter the company's legal business name. Example: Mike's Bikes, Inc.
- Partnerships, corporations, and Limited Liability Companies (LLCs) information should match what the California Secretary of State (SOS) has on file. All companies, except for sole proprietors, will be verified with the SOS before ID number issuance. To look up the owner information visit the California Secretary of State's website at <https://businesssearch.sos.ca.gov/>. The address on the Form 1358 should be the principal address on the SOS profile.
- Do not enter the property owner or management company since they are not the entity generating hazardous waste.

- DTSC *does* allow a change in ownership to an immediate family member (such as a parent to child, or spouse to spouse) without issuing a new permanent State ID number.
- If there has been a change in ownership, you must apply for a new permanent State ID number.

#### **Line 12 – Standard Industrial Classification (SIC) Code for the Site**

- Enter your 4-digit Standard Industrial Classification (SIC) Code. The SIC Code best describes your company's primary business activity. To search for your SIC Code visit the U.S. Department of Labor's website at <https://www.osha.gov/pls/imis/sicsearch.html>.
- The SIC Code is a required field and cannot be left blank.

#### **Line 13 – Certification**

- The application must include a hand-written digital or electronic signature of an owner, officer, or employee of the business, or an *authorized* consultant.
- Enter the date, name, title, and phone number of the person who is signing.

#### **Application Submission**

- Email (An email submission is recommended for trackability.): [IDNumber@dtsc.ca.gov](mailto:IDNumber@dtsc.ca.gov)
- Postal Mail (DTSC does not confirm receipt of mail.):  
Department of Toxic Substances Control  
OEIM - Business Operations Unit, 11th Floor  
P.O. Box 806  
Sacramento, CA 95812-0806
- Fax (DTSC does not confirm receipt of faxes.): (916) 323-3500

#### **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 Hazardous Waste Tracking System at [hwts.dtsc.ca.gov](http://hwts.dtsc.ca.gov).
- There are no fees to obtain a permanent State ID number.
- We recommend you make a copy of your application for your records as DTSC will not provide a copy of your completed application.
- Review your application for completeness and accuracy before submitting, as incomplete and inaccurate information on an application will be rejected.
- 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 at [hwts.dtsc.ca.gov](http://hwts.dtsc.ca.gov).

Questions? Contact us at (800) 618-6942 or email us at [IDNumber@dtsc.ca.gov](mailto:IDNumber@dtsc.ca.gov).

**IMPORTANT: Please read the instructions before completing this form. Fill out this form completely and accurately. Incomplete and inaccurate forms will be rejected. All fields are required except those indicated as optional.**

**NEW NUMBER REQUESTS.** Check all that apply

1. I am applying for a new permanent State ID number as a hazardous waste:  
 a) Generator                       b) Transporter

Reason for a new number:

- a) Never had a number       b) Business moved       c) Legal business owner changed

**CHANGES TO STATUS OR INFORMATION FOR AN EXISTING STATE ID NUMBER**

For existing ID number (include the lettered prefix): \_\_\_\_\_

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.  
 5. I am changing the business name only, no ownership change.

6. a) Site/Facility/Business Name (include DBA): \_\_\_\_\_

b) Business Type:  Sole Proprietor    Corporation    Partnership    LLC    Other \_\_\_\_\_

7. Site Location: \_\_\_\_\_  
Street

\_\_\_\_\_

City	State	ZIP Code	County
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8. a) Federal Employer ID Number (FEIN): \_\_\_\_\_

b) CA Secretary of State Filing/Entity Number (if applicable): \_\_\_\_\_

c) CDTFA Account Number (if applicable): \_\_\_\_\_

9. Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City	State	ZIP Code
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10. Site Contact Person: \_\_\_\_\_  
First and Last Name

Contact Person's Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City State ZIP Code

Contact Person's Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number Extension

Fax Number (optional): (\_\_\_\_\_) \_\_\_\_\_  
Area Code Fax Number

Contact's Business Email Address: \_\_\_\_\_

11. Legal Business Owner (not property owner): \_\_\_\_\_

Principal Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City State ZIP Code

Owner's Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number Extension

Fax Number (optional): (\_\_\_\_\_) \_\_\_\_\_  
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 believed to be true, accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Site/Facility/Business Name (include DBA): \_\_\_\_\_