AGGREGATE REPORTING FORM

(Must be accompanied by the Kansas Tier II Form)

PARENT NAME:		CONTACT PERSON:	
CITY:	STATE:	PHONE #	

Facility Name	New Facility	Physical Location of Chemicals (address, legal description, nearest cross road, etc.)	County

Certification Statement: Signature required.

I certify that the above listed facilities are under common ownership or common operator, and the chemical types and quantities reported on the Kansas Tier II form are similar and representative of those present at all facilities reported.

NAME AND TITLE OF OWNER/OPERATOR _____ SIGNATURE _____ DATE SIGNED _____