

**Aggregate Reporting Form Page \_\_\_\_ of \_\_\_\_**

PARENT NAME:		CONTACT PERSON:	
CITY:		STATE:	PHONE #
<b>Facility Name</b>	<b>New Facility</b>	<b>Physical Location of Chemicals (e.g. address, latitude/longitude, legal description)</b>	<b>County</b>

Certification Statement: Signature required.

I certify 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: