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| --- | --- | --- | --- |
| 1. Facility Information – Please type or print. | | | |
| Facility Name | | TAX ID# | |
| Facility Address | | | |
| City/Town | | MA  State | Zip Code |
| Federal TRI ID # (if filing under TRI) | | Facility Telephone Number | |
|  | | | |
| 1. Production Unit Information – In order to provide your facility with access to our online reporting system, eDEP, MassDEP needs the following information. | | | |
| 1. **Description of one production unit (facilities that have more than one production unit can add the others in eDEP after account creation):** | | | |
| 1. **Description of Process the Production Unit Performs:** | | | |
| 1. **Select an appropriate description for the unit of product:**   Area  Dollar  Hours  Kilowatt  Length  Number  Volume  Weight | | | |
| **C. Certification Statement** | | | |
| “I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.” | | | |
| Full Name of Senior Management Official | Title of Senior Management Official | | Phone of Senior Management Official |
| Email of Senior Management Official | Date (MM/DD/YYYY) | |  |
|  |  | |  |
| **Submit a scan of this completed and signed form to:** [tura.program@mass.gov](mailto:tura.program@mass.gov) | | | |