



250 FRANK OGAWA PLAZA, SUITE 3341

• OAKLAND, CALIFORNIA 94612

Fire Department
Office of Emergency Services
Hazardous Materials Management Program

(510) 238-3927
FAX: (510) 238-6739
TTY/TDD: (510) 238-6884

CERTIFICATION OF RETURN TO COMPLIANCE

For Stormwater, Fire Code, and/or CUPA Violations

In the matter of the Violation(s) cited on: _____

As Identified in the Inspection Report dated _____

Conducted by: _____

I certify under penalty of law that:

1. Respondent has corrected the violations specified in the notice of violation cited above.
2. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.
3. Based on my examination of the attached documentation and inquiry of the individuals who prepared or obtained it, I believe that the information is true, accurate, and complete.
4. I am authorized to file this certification on behalf of the Respondent.
5. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (Print or Type)

Title

Signature

Date Signed

Company Name

Address