LOS ANGELES COUNTY • CERTIFIED UNIFIED PROGRAM AGENCY

Administered by Los Angeles County Fire Department
1320 North Eastern Avenue
Los Angeles, California 90063-3294
(213) 881-2444

Par.
HM | HW

December 04, 1998

LAIDLAW TRANSIT SERVICES
5040 FIRESTONE BLVD
SOUTH GATE, CA 90280

LACo CUPA No.: 010022-2
Statement No.: 98007319
Business Name: LAIDLAW TRANSIT SERVICES
Location: 5040 FIRESTONE BLVD

not known

NOTICE OF ENFORCEMENT/NOTICE OF LIEN PLACEMENT

TOTAL FEES DUE INCLUDING ANY PENALTY: $529.38

A review of our records indicate that payment for your Consolidated Unified Program Invoice has not been made. In accordance with Section 101345 of the California Health and Safety Code, you are hereby notified that unless total payment for your Fiscal Year 1997-98 Consolidated Unified Program Invoice fee, including any penalty, is received on or before January 3, 1999, a certificate of lien will be recorded with the Los Angeles County Registrar-Recorder and additional costs will be imposed.

Your payment, along with a copy of this notice, should be sent and made payable to:

L.A. County Fire Department
P.O. Box 60440
Los Angeles, CA 90060-0440

If you have any questions regarding the above, please contact our Revenue Management Section at (323) 881-2444.

1-20-99 Facility out of business. Deleted on 6-3-98
Re-entered OES 2730.

DO NOT Lien

Los Angeles County • Certified Unified Program Agency

FACILITY INFORMATION (OES 2730)

☐ NEW BUSINESS ☒ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE 6-3-98) PAGE ___ OF ___ 2

FACILITY ID # 10022 HWL 817838 1	CALENDAR YEAR BEGINNING 19	ENDING 20	
BUSINESS NAME LAIDLAW TRANSIT SERVICES 3		BUSINESS PHONE 22	
SITE ADDRESS 5040 Firestone Bl 23	CITY Southgate 24	CA	ZIP CODE 90280 25
DUN & BRADSTREET 26	COUNTY Los Angeles 28	SIC CODE 27	
OPERATOR NAME 29	OPERATOR PHONE 30		

OWNER INFORMATION

OWNER NAME (First Name, Last Name) LAIDLAW TRANSIT, INC 31	OWNER PHONE 32		
OWNER MAILING ADDRESS 33	CITY 34	STATE 35	ZIP CODE 36

ENVIRONMENTAL CONTACT

CONTACT NAME (First Name, Last Name) 37	CONTACT PHONE 38		
CONTACT MAILING ADDRESS 39	CITY 40	STATE 41	ZIP CODE 42

EMERGENCY CONTACT

PRIMARY	SECONDARY
NAME (First Name, Last Name) 43	NAME (First Name, Last Name) 48
TITLE 44	TITLE 49
BUSINESS PHONE 45	BUSINESS PHONE 50
24-HOUR PHONE 46	24-HOUR PHONE 51
PAGER # 47	PAGER # 52

REGULATED SUBSTANCES (RS)

ON-SITE RS 5 ☐ YES ☐ NO	If yes, and at or above Threshold Quantities, fill out Regulated Substance Registration (OES Form 2735.6)

MAILING/BILLING INFORMATION

ADDRESS 53A			
CITY 53B	STATE 53 C	ZIP CODE 53D	

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

PRINT NAME OF DOCUMENT PREPARER (First Name, Last Name) 54	SIGNATURE OF OWNER/OPERATOR 55	DATE 56
ERIC GONZALEZ		6-3-98

OFFICIAL USE ONLY

TRANS CAB INCORP SiteID: 019-999-010022

Location: 5040 FIRESTONE BLVD Bus. Phone: (213) 560-0111
City : Community:

Mail: 5040 FIRESTONE BLVD State: CA
City: SO GATE Zip: 90280-

Owner: TRANS CAB INCORP Phone: (714) 969-0664
Addrs: 6322 PRINEVILLE State: CA
City: HUNTINGTON BEACH Zip: 92648-

Parcel ID: Dunn/Brad:

GENERAL AUTOMOTIVE REPAIR SHOPS | Last Inv.: 107381H SqFt:
SIC: 7538 Your Activity Code: | Last P.O.:

= Regulatory Programs Fee Groups =

A:	B:	C:	D:	E:	F:	G:	H:60	I:	J:	K:	L:	M:
N:	O:	P:	Q:	R:	S:	T:	U:	V:	W:	X:	Y:	Z:

= General Tracking Information =

Bus. Lic.: On: / / By: WRIGHT

District: Division: Battalion:

Insp. Uni: Inspector: Station:

= Tracking Milestones =

RMPP		District Offices		Business Plan/Inventory	
Rept Year::	/ /	CENTRAL:	/ /	New BP Issued::	03/13/91
RS Received::	/ /	EL MONTE:	/ /	BP Accepted::	06/09/93
Former::	/ /	LOMITA:	/ /	BP Rejected::	/ /
Request RMPP::	/ /	METRO:	/ /	BP Received::	12/31/92
RMPP 1::	/ /	PARAMOUNT:	/ /	INV Rejected::	/ /
RMPP 2::	/ /	SYLMAR:	/ /	INV Accepted::	06/09/93
Audit/Inspect::	/ /	:	/ /	INV Received::	12/31/92
Corrections		**Other Disclosures**		**Current Data Entry**	
BP/INV C Mailed:	/ /	BP RPT YEAR:	01/01/92	ADMN Data:	03/20/91
BP Corr Rec'd:	/ /	INV RPT YEAR:	01/01/92	Data Edited:	02/08/99
Final Notice:	/ /	INSPECTED:	06/18/97	Data Printed:	04/08/98
RS Corr Mailed:	/ /	ANNUAL CERT:	/ /	EMRS Data:	03/20/91
RS Corr Rec'd:	/ /	OES (2730):	/ /	Data Edited:	02/08/99
Inv Corr Rec'd:	/ /	MSDS:	/ /	Data Printed:	/ /
Inv Dist:	06/22/93	RELEASES:	/ /	BLANK:	/ /

Los Angeles County • Certified Unified Program Agency

FACILITY INFORMATION (OES 2730)

☐ NEW BUSINESS ☒ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE 6-3-98) PAGE ___ OF 21

FACILITY ID # 10022 HWL 817488 1	CALENDAR YEAR BEGINNING 19	ENDING 20			
BUSINESS NAME LAIDLAW TRANSIT SERVICES 3		BUSINESS PHONE 22			
SITE ADDRESS 5040 Firestone Bl 23	CITY South Gate 24	CA	ZIP CODE 90280 25		
DUN & BRADSTREET 26	COUNTY Los Angeles 28	SIC CODE 27			
OPERATOR NAME 29	OPERATOR PHONE 30				

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PRIMARY		SECONDARY	
NAME (First Name, Last Name)	43	NAME (First Name, Last Name)	48
TITLE	44	TITLE	49
BUSINESS PHONE	45	BUSINESS PHONE	50
24-HOUR-PHONE	46	24-HOUR-PHONE	51
PAGER #	47	PAGER #	52

REGULATED SUBSTANCES (RS)

ON-SITE RS ☐ YES ☐ NO 5	If yes, and at or above Threshold Quantities, fill out Regulated Substance Registration (OES Form 2735.6)

MAILING/BILLING INFORMATION

ADDRESS 53A			
CITY 53B	STATE 53C	ZIP CODE 53D	

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PRINT NAME OF DOCUMENT PREPARER (First Name, Last Name) 54	SIGNATURE OF OWNER/OPERATOR 55	DATE 56
ERIL GONZALEZ		6-3-98

OFFICIAL USE ONLY

DATE REC'D	HW 10	HM	ARP	AST	UST	TP	CUPA	PA

~~DATE~~: May 5, 98

TO: Gonzalez	FROM: Annette.
OFFICE: Paramount	

COMMENTS: Needs a site visit.
Co. name has changed.
Ice group could have possibly changed.

	CHANGE TO / NEW SITE INFO
ACCOUNT #: 10022 (FG60)	ACCOUNT #:
COMPANY NAME: Trans Cab Incorp	COMPANY NAME: Laidlaw Transit Servi
SITE: 5040 Firestone Blvd	SITE:
CITY: South Gate ZIP CODE: 90280	CITY: ZIP CODE:
MAILING:	MAILING:
OWNER NAME:	OWNER NAME: LAIDLAW TRANSIT SERVICE
ATTN/CARE OF:	ATTN/CARE OF:
BUSINESS PH#: ( )	BUSINESS PH#: 213) 563-9750
OWNER PH#: ( )	OWNER PH#: ( )

PLEASE INDICATE THE EFFECTIVE DATE NOT THE SITE VISIT DATE
IF EFFECTIVE DATE IS UNKNOWN PLEASE INDICATE "UNKNOWN"

Comments:
6-3-98 Investigator received that facility moved to Orange County.
Deactivated Health and Safety ID on Form 2730.

Please attach form 2730 and remit back to Tammy Lam PH# (213) 881-2322
FAX# (213) 415-8534

Hazardous Materials/Waste Site Record

Los Angeles County Fire Department

☐ Disc ☐ AHM ☒ Haz Waste ☐ Petro Chem

N ☒ New account
T ☐ Typo/minor modif
C ☐ major Change
Q ☐ out of business
Z ☐ duplicate account
R ☐ Revocation
W ☐ no longer haz

1	2	3	4	5
6	7	8	9 2	Amt ☐

Number of waste streams per category

4789 — SIC code

817888 — Account number

11-15-95 — Effective date (mm-dd-yy)

- — Prorate (mm-yy)

0004 — Number of employees

~~[illegible]~~ 700 — Fee code

Account Info

LAIDLAW TRANSIT SERVICES

Use abbreviations for CO, CORP, INC, etc.

DBA

Site address

05040 — Beginning number

Ending num

Fraction/div

N,S,E,W

Div

~~Battalion~~

~~Station/Dist~~

~~Site number~~

FIRESTONE — Street name; name only

BL — ST,AV,BL,etc

N,S,E,W

Unit number

SGT — City code

90280- — ZIP+4

59-2364035 ~~35-1492978~~ — ☒ Corp ID ☐ Soc Sec Num

Phone

213-563-9758 — Site phone number with area code

A007888

213-563-9758 — Owner phone number with area code

Owner

LAIDLAW TRANSIT INC — Last name, first name and middle initial

Partner

Last name, first name and middle initial

Billing address

LAIDLAW TRANSIT SERVICES — Last name, first name and middle initial

Care of

5040 FIRESTONE BL — Street address

SOUTH Gate — City

CA — State

90280- — ZIP+4

Guy S Wright — Signature of applicant

11-15-95 — Date

[signature] — Inspector signature

1:30 — Insp time

Sup init

LACoFD HHMD • SR1 • v1.0 • 5/93

WHITE - PROCESSING UNIT CANARY - DISTRICT PINK - OWNER

COUNTY OF LOS ANGELES

FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE
LOS ANGELES, CALIFORNIA 90063-3294

September 1, 1995

P. MICHAEL FREEMAN
FIRE CHIEF
FORESTER & FIRE WARDEN

213-728-1300

00B

00B

11-15-95 EC

TRANS CAB INC.
5040 E. FIRESTONE BLVD.
SOUTH GATE CA 90280

Account Number: 573838-100
Business Name: DAY/NITE YELLOW CAB
Location: 05040 E FIRESTONE SGT 90280

HAZARDOUS WASTE CONTROL PROGRAM – PUBLIC HEALTH LICENSE
NOTICE OF LICENSE EXTENSION

The County Board of Supervisors recently approved a change to Title 12 of the County Code which transfers the responsibility for Hazardous Waste Control Program (HWCP) licensing from the Treasurer and Tax Collector to the Fire Department. The Public Health License for this Program will now be known as the Los Angeles County Hazardous Waste License so that the County expenses resulting from enforcement of State statutes, rules, etc., relating to hazardous waste are properly offset by the license fees collected.

As a result of this transfer, your current 1994-95 License will remain in effect until a new license is issued. Invoicing for the 1995-96 license is scheduled to occur in November, 1995. At that time your current license will expire and your fee payment will generate your license for 1995-96. The fee amounts for 1995-96 will not change. Please direct your billing or account questions to our Revenue Management Section at (213) 881-2444.

If you have any questions about this license extension or the HWCP, please contact your area office.

San Fernando Valley (818) 364-7120 Southeast Area (310) 790-1810
San Gabriel Valley (818) 450-7450 Southbay Area (310) 534-6270
Main Office-City of Commerce (213) 890-4045

Thank you for your patience during this transition. We regret any inconvenience this delay may cause.

PLEASE PRINT

COUNTY OF LOS ANGELES—PUBLIC HEALTH LICENSE APPLICATION

ACCT. 573838

TODAY'S DATE 4/17/91 DL # _____ DATE BUSINESS STARTED 04 (MO) 01 (DAY) 91 (YR)

OWNER(S) NAME(S) TRANS CAB INC (LAST, FIRST AND MIDDLE INITIAL) 1000 (BUSINESS CODE)

PARTNER(S) DUKE PERRIN PRES (LAST, FIRST AND MIDDLE INITIAL)

DOING BUSINESS AS - TRADE NAME DAY/NITE YELLOW CAB 13 (DISTRICT CODE)

ADDRESS 05040 (BEGINNING NO.) ENDING NO. FRACTION E (DIR) FIRESTONE BL (STREET)

SGT (CITY) 90280 (ZIP CODE)

MAILING ADDRESS 5040 E FIRESTONE BL (NUMBER AND STREET)

SOUTHGATE (CITY) CA (STATE) 90280 (ZIP CODE)

TYPE OF BUSINESS TO BE LICENSED HAZARDOUS WASTE GEN (16 EMPL) VEH. LICENSE NO./NO. OF MACHINES SIC 4121

PHONE 213-560-0111 PREVIOUS ACCOUNT NUMBER IF ANY (CORRECTION) 535-267-1000

SIGNATURE OF APPLICANT By U.S. MAIL SIGNATURE OF FIELD REPR [signature]

FOR TAX COLLECTORS USE

CURRENT FEE $	
PRORATION $	
PENALTY $	
PRIOR YEAR FEE $	
PRIOR YEAR PEN $	
PAY-TOTAL FEE DUE $	

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

HAZARDOUS MATERIALS CONTROL PROGRAM
TELEPHONE REQUEST

Log # _____ Log Entry By I.M.

☐ Emergency Response ☐ Illegal Disp. Onsite ☐ Clean Up ☐ Industrial Hygiene
☐ Samples Collected ☐ Illegal Disp. Offsite ☐ Court Case ☐ Odor
☐ Illegal Storage ☐ Illegal Transport ☒ Public Health License ☐ Refer

Name: Electronics Corp. of America Date: 4/10/91 Phone: —
Address: 5040 Firestone Bl City: Southgate
Substance: Zip: 90280
Scope: PHL investigation

Status:

Section Assign To: Jim Nishida Assign By: I.M. Date: __/__/__
Inspector Assign To: Assign By: Date: __/__/__
Service Requested By: Address Phone:

Proposition 65: Received ☐ Confirmed ☐ Sent to E.M.D. ☐ Date: __/__/__

MOVED 5/90 TO ANAHEIM — MAILED NOTE 11/90
NOE 368 75# FEE DUE ⟷ 295.00 7/90 + 73.75 PENALTY 9/90
NO PRIOR FEE DUE

4/F 3/22/91 5040 FIRESTONE BLSG 1000 535267 SATISH, JAIN —
— NO PAYMENT — SIC 3877 RE OT 01-90

4/17/91 — SUBMITTED SC LARD to DELETE # 535267
WAS O/B & MOVED OUT OF COUNTY PRIOR
to 7/1/90 [signature]

H2855 76H26 (REV. 8/89)

PLEASE PRINT

COUNTY OF LOS ANGELES—PUBLIC HEALTH LICENSE APPLICATION

ACCT. 573838

FS DATE 4/17/91 DL # DATE BUSINESS STARTED 04 01 91 (MO DAY YR)

OWNER(S) NAME(S) TRANS CAB INC (LAST, FIRST AND MIDDLE INITIAL) BUSINESS CODE 1000

PARTNER(S) DUKE PERRIN PRES (LAST, FIRST AND MIDDLE INITIAL)

DOING BUSINESS AS - TRADE NAME DAY/NITE YELLOW CAB DISTRICT CODE 13

BUS. ADDRESS 05040 (BEGINNING NO.) (ENDING NO.) (FRACTION) E (DIR) FIRESTONE BL (STREET)

SGT (CITY) 90280 (ZIP CODE)

MAILING ADDRESS 5040 E FIRESTONE BL (NUMBER AND STREET)

SOUTHGATE (CITY) CA (STATE) 90280 (ZIP CODE)

TYPE OF BUSINESS TO BE LICENSED HAZARDOUS WASTE GEN (16 EMPL) VEH. LICENSE NO/ NO. OF MACHINES SIC 4121

PHONE 213-560-0111

PREVIOUS ACCOUNT NUMBER IF ANY (FOR LOCATION) 535-267-1000

SIGNATURE OF APPLICANT By U.S. MAIL

SIGNATURE OF FIELD REPR.

FOR TAX COLLECTORS USE

CURRENT FEE $	
PRORATION $	
PENALTY $	
PRIOR YEAR FEE $	
PRIOR YEAR PEN $	
PAY-TOTAL FEE DUE $	

TSP 865A - 4/89

Thinner - painting, cleaning

Wood cutting
Foam
Drill Press
Painting - black
Varnish dip

Scrap Metal - Ideal Metals -

Testing Room - Quality Control