

Form 2.2 Declaration of Schedule 2 Plant Sites		Country Code: IND Section: Page n of n pages: Date:
Confid. mark	<i>Please complete one form for each plant site.</i>	
<input type="checkbox"/>	Plant Site Code:	_____ <input type="checkbox"/>
<input type="checkbox"/>	Name of plant site:	_____ <input type="checkbox"/>
<input type="checkbox"/>	The name of the owner, company, or enterprise operating the plant site:	_____ <input type="checkbox"/>
<input type="checkbox"/>	Street address:	_____ <input type="checkbox"/>
<input type="checkbox"/>	City/district:	_____ <input type="checkbox"/>
<input type="checkbox"/>	Province/state/other:	_____ <input type="checkbox"/>
<input type="checkbox"/>	Latitude, longitude/Precise location:	_____ <input type="checkbox"/>
	Identify the attachment for additional information on this plant site (if available):	_____
<input type="checkbox"/>	Number of declared Schedule 3 Plants at the plant site:	_____ <input type="checkbox"/>
<input type="checkbox"/>	Does this plant site comprise one or more plants which produced, processed or consumed during any of the three previous calendar years or is anticipated to produce, process or consume in the next calendar year above the verification thresholds?	Yes <input type="checkbox"/> No <input type="checkbox"/>