

# Declaration of Compliance for Hazardous Waste Management

Facility Information

Facility Name:

Facility Address:

Contact Person:

Contact Number:

Declaration

I hereby declare that the following information is true and that this facility complies with all applicable local, state, and federal regulations for hazardous waste management.

Types of Hazardous Waste Handled:

Management Practices in Place:

Compliance Measures Taken:

Authorized Signatory

Name:

Title:

Date:

Signature:

Submit Declaration