

Initial Hazardous Waste Generator Notification

Facility Information

Facility Name:

Address:

City:

State:

ZIP Code:

Contact Information

Contact Person:

Phone Number:

Email:

Waste Generation Details

Types of Hazardous Waste Generated:

Estimated Quantity (per month):

EPA Identification Number (if assigned):

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Owner/Operator:

Date: