

REGISTRATION FORM for CESQGs

Broome County Hazardous Waste Collection Facility

Please complete all sections of this form. If you are registering waste for the first time, please leave the Permit # space blank. Return a copy of this form to the Division of Solid Waste Management, either by mail, email, or fax prior to the preferred collection date.

Company Name _____ Permit # _____

Address _____ City: _____

Zip Code _____ Phone _____ Fax _____

Preferred drop off day: _____ Wednesday or _____ Saturday Preferred Date: _____

Note: Please check Hazardous Waste Facility Schedule

<u>TYPE OF WASTE</u>	<u>TOTAL QUANTITY</u> (by weight or volume)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

I certify that the material offered for disposal originated from a business, institution or farm classified as a conditionally exempt small quantity generator (producing less than 220 pounds (1000 kilograms) of hazardous waste per month and not exceeding 1,000 kilograms of waste in storage--this is defined by 6NYCRR Part 372.1 (e)(1)(i) within Broome or Tioga County, New York, and is not from any residence or other source.

Contact (print name) _____ Title _____

Signature _____ Date _____

Have all parts of this form been completed and signed?

Have you received your annual permit from the Division of Solid Waste?

Have you sent MSDS sheets to the Division for wastes being registered for the first time?

Send a copy to: **Broome County Hazardous Waste Facility**
286 Knapp Road, Binghamton, NY 13905
phone: 763-4305 fax: 763-4280
bdonnelly@co.broome.ny.us