

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 or email (Hazwaste@broomecountyny.gov).

YOU WILL BE CALLED TO SCHEDULE AN APPOINTMENT

Company Name _____ Permit # _____
Address _____ City: _____
Zip Code _____ Phone _____ Email: _____

<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 _____
SIGNATURE IS REQUIRED

- 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?
- I acknowledge there is a charge of \$0.75 per pound.

Send a copy to:
HazWaste@broomecountyny.gov