

Conditionally Exempt Small Quantity Generator
APPLICATION FORM

I. GENERATOR INFORMATION

Date of Application

Business/Organization Name

Area Code & Phone Number

Name of Contact Person

Title

Mailing Address (Street, Rural Route, Box Number

City,

State

Zip Code

Business Address (Street, Rural Route, Box Number

City,

State

Zip Code

Do you have an EPA Identification Number?

Yes

No

If Yes, please list number here: _____

Please check type of business:

- Automotive Repair
- Autobody Repair/Detailing
- Paint Shop
- Photographic Laboratory
- Medical/Dental Office
- Painter Contractor
- Laboratory

- Miscellaneous Contractor
- Veterinarian Office
- Cabinet Manufacturing
- Recreational Facility
- Building/Condo Maintenance
- Metal Manufacturing
- Other _____

II. GENERATOR CERTIFICATION

LAKE COUNTY ENVIRONMENTAL OUTREACH PROGRAM is only for **CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS (CESQGs)** who have generated no more than 100 kilograms (220 lbs.) of hazardous waste or less than 1 kilogram of an acute hazardous waste in a calendar month. Generators must also never exceed accumulation of more than 1000 kilograms (2000 lbs) of hazardous waste at any time. By signing and notarizing this statement, I certify that

(Legal Business/Organization Name)

is a **CESQG** as defined by §261.5 and can legally participate in **LAKE COUNTY ENVIRONMENTAL OUTREACH PROGRAM** according to all Federal, State and local regulations.

Date

Printed Name

Signature

Title

STATE OF FLORIDA)
COUNTY OF _____)

Signature of Notary Public
Notary Commission
Expiration

Personally Known

Produced ID

(Seal or Stamp)

Type _____

LAKE COUNTY ENVIRONMENTAL OUTREACH PROGRAM

IV. WASTE DISPOSAL INFORMATION

Please list each waste stream you would like to dispose of through **LAKE COUNTY ENVIRONMENTAL OUTREACH PROGRAM**. Include copies of Material Safety Data Sheets if available.

EXAMPLE:

Name of Waste:		Name of Waste:	
Composition:		Composition:	
% Solids:		% Solids:	
Amount:		Amount:	
Container Size:		Container Size:	

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Composition:		Composition:	
% Solids:		% Solids:	
Amount:		Amount:	
Container Size:		Container Size:	

Name of Waste:		Name of Waste:	
Composition:		Composition:	
% Solids:		% Solids:	
Amount:		Amount:	
Container Size:		Container Size:	

V. OFFICE USE ONLY:

Approved: _____
 Verification: _____

Date: _____
 Registration Number _____
 Denied _____

Comments: _____
