



# HALOGENATED SOLVENT USER REGISTRATION FORM

State Use Only:

Registration # \_\_\_\_\_

Company / Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

Estimated quantity of halogenated solvents used annually (in gallons): \_\_\_\_\_

Waste Disposal Method (check all that apply):

Shipment to an approved hazardous waste treatment, storage, or disposal facility

Disposal in a licensed sanitary landfill.

Discharge to municipal sewer system.

On-site disposal (discharge to a septic tank, dry well, lagoon or other industrial sewer).

On-site reclamation (distillation, etc.). Explain disposition of still bottoms or other residuals generated from reclamation. \_\_\_\_\_

Shipment to an off-site recycling facility.

Other disposal methods. Describe: \_\_\_\_\_

Number of cards requested: \_\_\_\_\_

**CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and believe this information to be true, accurate and complete.

Name / Title: \_\_\_\_\_  
(Name - please print or type) (Title)

Signature / Date: \_\_\_\_\_  
(Signature) (Date)

Name of Contact Person: (To whom we may direct questions regarding solvent use at your business)

Name / Title: \_\_\_\_\_  
(Name - please print or type) (Title)

Telephone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_