

**Waste & Recycling Division**

10 Environmental Loop South  
 Winter Haven, FL 33880  
 (863) 284-4319  
 FAX (863) 284-4321



**Hazardous Waste Collection Program  
 for Small Businesses (By Appt. Only)  
 Registration Form**

Appointments available Monday – Friday (except Weds.)

**1. GENERATOR INFORMATION**

a. Company Name: _____		b. Contact Person: _____	
c. Phone: _____	d. Fax: _____	e. E-mail: _____	
f. Mailing Address: _____ _____		g. Site Address (if different): _____ _____	

**2. TYPE OF OPERATION** - Give a brief description of the business operated at the site address: \_\_\_\_\_**3. WASTES GENERATED** - Check all applicable.

<input type="checkbox"/> Oil-Based Paint	<input type="checkbox"/> Solvents/Thinners	<input type="checkbox"/> Pesticides/Poisons	<input type="checkbox"/> Mercury Devices
<input type="checkbox"/> Latex Paint	<input type="checkbox"/> Fuels/Gasoline	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Fluorescent Lamps
<input type="checkbox"/> Lead-Acid Batteries	<input type="checkbox"/> Cleaners	<input type="checkbox"/> Used oil Filters	
<input type="checkbox"/> Rechargeable Batteries	<input type="checkbox"/> Corrosives	<input type="checkbox"/> Antifreeze	
<input type="checkbox"/> Other – Describe: _____		<input type="checkbox"/> Process Wastes - Describe: _____	

**4. OTHER GENERATOR INFORMATION**

a. Does this company have an EPA ID Number?	Yes	No	EPA ID Number: _____
b. Has this company disposed of hazardous waste before?	Yes	No	With Whom: _____
			Recent Date: _____

**5. CERTIFICATION OF GENERATOR STATUS**

As the owner, direct employee of this business, or as the person generating these waste materials, I certify that the above information is true and correct. I further certify that the entity I represent is a Conditionally Exempt Small Quantity Generator pursuant to 40 CFR 261.5; that said entity will not generate more than 100 kg (220 lb) of hazardous waste or 1 kg (2.2 lb) of acute hazardous waste; nor accumulate more than 1,000 kg (2200 lb) of hazardous waste in this calendar month; and that said entity will not deliver hazardous wastes to this facility in any month in which regulated quantities are generated.

I understand that it is the responsibility of the Generator to comply with all applicable Federal, State, and local regulations concerning hazardous waste management. I further understand that if the Generator does not meet all the requirements, or generates hazardous wastes in quantities greater than those specified in 40 CFR 261.5, the Generator will no longer qualify as a Conditionally Exempt Small Quantity Generator and no longer can use this service. Acceptance of these materials is solely at the county's discretion; this registration in no way obligates the county to accept any amount of non-municipal wastes. It is the Generators responsibility to notify the Polk County Waste Resource Management Division of any change in regulatory status as outlined in 40 CFR 261.5.

_____ Signature	_____ Print Name	_____ Title	_____ Date
--------------------	---------------------	----------------	---------------

**(This Area for Polk County Use Only)**

Onsite Inspection Y / N (List date): \_\_\_\_\_ Facility #: \_\_\_\_\_ Approved By/Date: \_\_\_\_\_