



DEPARTMENT OF ENVIRONMENTAL RESOURCES
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**SMALL QUANTITY GENERATOR COLLECTION PROGRAM
 APPLICATION**

Business Name:			
Facility Address:		Mailing Address (if different):	
City:	Zip Code:	City:	Zip Code:
Type of Business:		EPA ID # *:	
Business Contact & Title:			
Phone #:		Fax #:	
Business Owner's Information:			
Name:			
Home Address:			
City:	Zip Code:	Phone #:	

* All generators of hazardous waste need to obtain an EPA number.

TOTAL MONTHLY WASTE INVENTORY

Waste Type	Amount (lbs., gal)	No. of Containers	Container size	Container Type G, M, F, P**
(Example) Waste Oil	5 gal.	1	gal.	M

** G=Glass, M=Metal, F=Fiber, P=Plastic

I certify that the above business is located at the address indicated above and also certify that this business generates less than 100 kilograms (27 gallons or 220 pounds) of hazardous **waste per month** or less than 1 kilogram (2.2 pounds) of extremely hazardous **waste per month**. I have read and understand the conditions required to participate in Stanislaus Hazardous Waste Collection Program for Small Businesses.

AUTHORIZED REPRESENTATIVE: _____
 (Please print name)

 (Signature) (Date)

For Office Use Only	
Approved by:	Generator size:
Date:	Date approval letter sent: