



INSTRUCTIONS FOR SPECIAL WASTE ID NUMBER APPLICATION

INSTRUCTIONS

This application is for a special waste generator, shipper, or receiving facility. Pursuant to the Arizona Administrative Code, Chapter 8, Article 3, each Special Waste Generator, Special Waste Shipper and Special Waste Receiving Facility shall obtain a Special Waste Identification Number (ID number). The ID number is to be used in the conjunction with the tracking of wastes designated as Special Wastes by the State.

The ID number issued is assigned to specific address and/or physical locations and non-transferable. An owner of multiple properties or facilities which are not contiguously located must obtain a number for each separate property or facility. The ID numbers must be obtained prior to the initiation of shipment or receiving of any special waste.

A person who violates any provision of the statutes or rules associated with the regulation of special wastes is subject to a civil penalty of not more than ten thousand dollars per day for each violation (A.R.S. 49-861).

Pursuant to A.R.S. 49-860 all special waste generators, transporters, and receiving facilities are required to file a Special Waste Annual report by March 1st of each year for the preceding year, even if zero special waste was generated, transported, or received. Please download the correct form from the ADEQ forms page on the ADEQ web site.

GENERAL APPLICATION PROCESS

- 1) Applicant submits one copy of the application.
- 2) ADEQ reviews application for completeness and informs the applicant of any deficiencies.
- 3) Applicant addresses any deficiencies.
- 4) ADEQ makes a decision to approve or deny the ID number.
- 5) Upon approval, ADEQ mails or emails the ID number to the applicant.

INSTRUCTIONS

- 1) Mark the appropriate box(s) indicating which type of operation will be performed.
- 2) Enter the company name and address information that will be using the special waste ID number.
- 3) Enter the company mailing address information if different from number 2.
- 4) Enter the site information where the activities will be performed (location where the waste is generated/ site of spill).
Shippers/Transporter and Receiving Facility will skip to number 5.
- 5) Enter the Company contact information for the company using the ID number, including telephone and e-mail address.
- 6) Enter the Company's legal owner information for the company requesting the ID number.
- 7) Mark the appropriate box containing the business type.
- 8) Mark the appropriate box(s) indicating all the special wastes the company generates, transports or receives (both boxes may be checked if it applies).
- 9) The person who will be assume the responsibility of completion of the application and its contents should print their name, title, sign, and date the application in the space provided.

WHERE DO I SUBMIT MY APPLICATION?

Submit your application to:

Arizona Department of Environmental Quality
Solid Waste Unit
Attention to: Special Waste
1110 West Washington Street
Phoenix, AZ 85007

To expedite the process of the application please email the form to: solidwaste@azdeq.gov.
For special waste general regulatory questions or application questions, please call 602-771-4673.



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APPLICANT INFORMATION
PLEASE PRINT LEGIBLY

(1) Mark Appropriate Box:

If Requesting ID Number (Check all that apply)
 Generator Shipper Receiving Facility

If Closing Site (Check all that apply)
 Closed Generator Closed Shipper Closed Receiving Facility

Close Date: _____ Special Waste ID to be deactivated: _____

(2) Company Information (Company/person/contractor using ID number)

Company/person Name _____
 Company/person Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____

(3) Mailing Address (If different from above)

Company/person Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____

(4) Site Information Shipper/Transporters and Receiving Facilities Skip to #4 (Where the special waste is generated/Site of spill)

Site Name _____
 Site Address _____
 City _____ State _____ Zip _____
 County _____ Telephone _____ Fax _____
 Latitude _____ Longitude _____

(5) Company Contact Information (Generator, Shipper, or Receiving Facility using ID Number)

Contact Name _____ Job Title _____
 Company Contact Address _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail _____

(6) Company Legal Owner Information (Generator, Shipper, or Receiving Facility using ID Number)

Legal Owner Name _____
 Legal Address _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail _____

(7) Business Type (Check appropriate Box)

S – State Government F – Federal Government
 C – County Government M – Municipal (City) Government
 D - Districts O – Other
 I – Native American Owned Entities

(8) Special Waste Information (Check all that apply)

Auto Shredder Fluff

Petroleum Contaminated Soil (PCS)

(9) Certification Statement (To be signed by the person accusing responsibility of the completion of the application and its contents)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of civil penalties.

Name _____ Official Title _____

Signature _____ Date _____

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ADEQ ACTION

Approval Yes No ADEQ Special Waste ID Number _____

Site Place ID _____ Customer ID _____

Contact ID _____ Legal Owner Customer ID _____

Comments _____

Name of Approver _____

Signature _____ Date _____