

SPECIAL WASTE ID NUMBER APPLICATION

APPLICANT INFORMATION

PLEASE PRINT LEGIBLY

(1) Mark Appropriate Box: Indicating which type of operation will be performed.

If Requesting ID Number (Check all that apply)

Generator
 Shipper
 Receiving Facility

(2) Company Information: Enter the generator's company or personal (if individual) information that will be issued the special waste ID number.

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

(3) Mailing Address: Enter the company mailing information if different from above.

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

(4) Site Information: Enter the site information where the activities will be performed (location where the waste is generated/ site of spill etc.). Unless Shippers/Transporter and Receiving Facility have generated waste, they do not need to fill this section out and should skip to number 5.

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

(5) Company Contact Information: Enter the company contact information for the company that will be issued the ID number, including telephone and e-mail address.

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

(6) Company Legal Owner Information: Enter the legal owner information for the company that will issued the 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 assuming 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 _____

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

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 I.D. number is to be used in the conjunction with the tracking of wastes designated as Special Wastes by the State.

The I.D. 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 I.D. 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.

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 _____