

Transport your waste in compliance with Department of Transportation regulations 49 CFR (www.dot.gov)
 Collection sites reserve the right to refuse part or all of any waste load brought in for disposal.

BUSINESS DISPOSAL FORM



All information on this form is required for participation.

Please **PRINT** legibly and firmly - You are making multiple copies.

Company: _____

Address: _____
 Street Location (no P.O. box please) City Zip

Type of Business: _____
 (ex. auto repair, nail salon, small appliance repair)

Office Phone Number: _____ Owner/Mgr. Name: _____

E-Mail Address: _____

NOTICE: This program is for King County businesses only that generate less than 220 lbs (or 27 gal) of hazardous waste monthly and less than 2.2 lbs. (1 qt) of certain Extremely Hazardous Wastes, and are Conditionally Exempt Small Quantity Generators under Washington State Department of Ecology Dangerous Waste Regulations (WAC 173-303).
For details, visit www.kingcountyhazwastewa.gov or call our Hazardous Waste Help Line at 206-296-4692.

I certify, to the best of my knowledge, all of the information I entered on this form is correct.

Name of Driver: _____ Vehicle License #: _____

Signature of Driver _____ Date _____

Original: King County LHWMMP Copy: Customer

Businesses should retain a copy of this receipt for a minimum of 5 years as proof of disposal.

Waste Type	How much?	Quantity/Amount (units) (check <u>one</u> for each waste type)	Office use only		
			code	quant.	units
Example:Waste Oil	3	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> quarts			
Aerosols		items			
Batteries (auto) Limit 5		items			
Batteries (other than auto)		pounds			
Liquid Pesticides		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Oil-based paint		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Solid Pesticides		<input type="checkbox"/> pounds			
Used paint thinner/solvent/gasoline		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Waste oil		<input type="checkbox"/> gallons <input type="checkbox"/> quarts			
Write in other wastes		Write in container/item size for each waste			

Staff Only: Waste Received by: _____ Facility: SS - FS - WMB - NS
 Haz Waste Program Site Representative Circle one WMB City

Total Weight: _____ Service Date: _____

1903_9518E_Haz_Waste_Business_Disposal_Form_Online-Fillable.ai sk SQG-GEN-17(3/11)

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