REGISTRATION FORM for CESQGs

Broome County Hazardous Waste Collection Facility

Please complete all sections of this form. If you are registering waste for the first time, please leave the Permit # space blank. Return a copy of this form to the Division of Solid Waste Management, **either by mail, email, or fax prior to the preferred collection date.**

Company Name _____ **Permit #** _____

Address _____ **City:** _____

Zip Code _____ **Phone** _____ **Fax** _____

YOU MUST CALL TO MAKE AN APPOINTMENT: 607-763-4460

	TYPE OF WASTE	**TOTAL QUANTITY** (by weight or volume)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that the material offered for disposal originated from a business, institution or farm classified as a conditionally exempt small quantity generator (producing less than 220 pounds (1000 kilograms) of hazardous waste per month and not exceeding 1,000 kilograms of waste in storage--this is defined by 6NYCRR Part 372.1 (e)(1)(i) within Broome or Tioga County, New York, and is not from any residence or other source.

Contact (print name) _____ Title _____

Signature _____ Date _____

☐ Have all parts of this form been completed and signed?

☐ Have you received your annual permit from the Division of Solid Waste?

☐ Have you sent MSDS sheets to the Division for wastes being registered for the first time?

Send a copy to: **Broome County Hazardous Waste Facility**
286 Knapp Road, Binghamton, NY 13905
phone: **607-778-4460** fax: **607-763-4280**
Debra.Smith@broomecounty.us