REQUEST TO BE REMOVED FROM THE HAZARDOUS WASTE HANDLER LIST

Kentucky Division of Waste Management
Hazardous Waste Branch
200 Fair Oaks Lane
Frankfort KY 40601
Phone: (502) 564-6716

Instructions: This form should only be completed by those companies that no longer handle hazardous waste on-site. You should only complete this form, if you do not generate, transport, recycle, treat, store, or dispose of hazardous waste. Submittal of this form will render the EPA ID Number issued for your company invalid for your use. Falsification of information is subject to enforcement action including the possibility of fines and imprisonment.

EPA ID NUMBER:_____ COUNTY:_____ AI #:_____

NAME OF COMPANY:_____

COMPANY LOCATION: _____
(Provide the actual location (i.e., street address or highway number) of the company being removed from the list.)

CITY:_____ STATE:_____ ZIP CODE:_____

MAILING ADDRESS:_____
(Provide an accurate mailing address for future mailings.)

CITY:_____ STATE:_____ ZIP CODE:_____

CONTACT PERSON:_____

TITLE:_____ PHONE NUMBER:(_____) _____ — _____

EXPLANATION: *(Mark only one box. Provide a brief written explanation to explain why an EPA ID Number is no longer needed.)*

☐ Closed ☐ Out of Business ☐ Non-Handler of Hazardous Waste ☐ Other

_____

_____

_____

_____

_____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that 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 fine and imprisonment.

_____

SIGNATURE *(must be original)* **DATE**

_____

TYPED OR PRINTED NAME & OFFICIAL TITLE

(DEP 7086-Revised August 1991)