

# 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**