



BALLAST PICKUP FORM

DATE: _____

GENERATOR _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TEL.# _____ FAX # _____ CELL # _____

WASTE LOCATION _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TEL # _____ FAX # _____ CELL # _____

BILLING NAME _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GENERATOR EPA ID# _____ PO NUMBER _____ TEL # _____

LOADING DOCK - Yes _____ No _____ LIFT GATE NECESSARY Yes _____ No _____
(LIFT GATE FEE MAY APPLY)

TRACTOR TRAILER ACCESS - Yes _____ No _____ PLANT HOURS _____

TAX EXEMPT # _____ TSDF # NY DEC # 00042

WASTE TYPE: Non-Leaking PCB Ballasts DOT ID #: UN 2315 DOT WASTE #: PCB-1

DOT PROPER SHIPPING NAME: RQ Haz. Sub. Solid, NOS DOT HAZARD CLASS: 9

SPECIAL INSTRUCTIONS _____

APPROXIMATE PICK-UP DATE _____

NUMBER OF DRUMS _____ APPROX. WEIGHT _____
(PLEASE RETURN ALL EMPTY DRUMS TO AVOID CHARGES)

DIRECTIONS FOR DRIVER (IMPORTANT) _____

