

North Carolina Department of Environmental Quality

Division of Waste Management

**APPLICATION FOR**

**HOUSEHOLD HAZARDOUS WASTE IDENTIFICATION NUMBER**

A household hazardous waste I.D. number shall be required to ship collected materials off-site for treatment and/or processing.

Please check the appropriate box and fill in the blanks.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Temporary Event |  |  | Permanent Facility |  |

**OPERATOR/CONTRACTOR**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility/Event Host | |  | | | | | | | | |
| Contact Person | |  | | | Title | |  | | | |
| Mailing Address | |  | | | County | |  | | | |
| City | |  | | | State | |  | | Zip |  |
| Phone |  | | Fax |  | | E-mail | |  | | |
| On-Site Contractor | |  | | | | | | | | |
| Contact Person | |  | | | Title | |  | | | |
| Mailing Address | |  | | | | | | | | |
| City | |  | | | State | |  | | Zip |  |
| Phone |  | | Fax |  | | E-mail | |  | | |

**TRANSPORTER**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | |  | | | | | | | ID No. |  | |
| Contact Person | |  | | | Title | |  | | | | |
| Mailing Address | |  | | | | | | | | | |
| City | |  | | | State | |  | | | Zip |  |
| Phone |  | | Fax |  | | E-mail | |  | | | |

**DISPOSER/RECYCLER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | | |  | | | | | | ID No. |  | | |
| Contact Person | | |  | | | Title | |  | | | | |
| Mailing Address | | |  | | | | | | | | | |
| City | | |  | | | State | |  | | | Zip |  |
| Phone |  | | Fax |  | | E-mail | |  | | | | |

**COLLECTION DETAILS**

|  |  |
| --- | --- |
| Physical Location of Event/Facility |  |
| Date of Temporary Event (if applicable) |  |
| Materials To Be Collected |  |
| Materials To Be Recycled |  |
| Additional Comments |  |

**Certification of Operator/Contractor**:

I certify that the information supplied is accurate and correct to the best of my knowledge and belief, and that this facility will only accept household hazardous waste. I am authorized to make this request on behalf of the operator at the location given.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | Title |  |
|  | | | | |
| Company | |  | | |
|  | | | | |
| Signature | |  | Date |  |

Purpose: Application for household hazardous waste identification number. This number shall be used to ship collected materials off-site for treatment and/or processing.

Distribution: Mail completed original to the following address:

Division of Waste Management

Solid Waste Section

1646 Mail Service Center

Raleigh, North Carolina 27699-1646

(919) 733-0692

Disposition: This form shall be maintained in accordance with the standards of the Solid Waste Section's Records Disposition Schedule published by the North Carolina Division of Archives and History.

The Solid Waste Section shall assign an identification number upon receipt of application.

**\*Temporary Day** - Upon completion of a Temporary Collection day, a report on HHW collected, disposed, and recycled shall be returned to the Solid Waste Section.

**\*Permanent Site** - An annual report on HHW collected, disposed, and recycled shall be returned to the Solid Waste Section.

**SOLID WASTE SECTION USE ONLY**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HHW ID Number: NC\_\_\_ H\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_