



Waste Profile Recertification

I. Generator Information

Generator Name: _____
Generator Site Address: _____
City: _____ County: _____ State: _____ Zip: _____
Generator State ID #: _____ SIC Code: _____
Generator Mailing Address: _____
City: _____ County: _____ State: _____ Zip: _____
Generator Contact Name: _____
Phone Number: _____ Fax Number: _____

II. Waste Stream Information

Name of Waste: _____
Date of Original Waste Profile: _____
Date of Most Recent Laboratory Analytical Report: _____

III. Generator Certification

I hereby certify that, to the best of my knowledge and belief, there have been no changes to the process that generated the waste or the physical or chemical properties of the waste since the date of the original Waste Profile and the most recent Laboratory Analytical Report.

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste, medical or infectious waste or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the information provided above. Our company hereby agrees to ofully indemnify this disposal facility against any damages regulting from this certification being inaccurate or untrue.

Authorized Representative Name and Title (Printed)

Company Name

Authorized Representative Signature

Date