**HAZARDOUS MATERIALS MANAGEMENT (HMM)**

**PROGRAM FOR BUSINESSES**

**Part 1. Application Form**

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| **Generator Contact Information** | |
| Company Name: | |
| Contact Person: | |
| Email: | Phone: |
| Mailing / Billing Address: | Site Address (if different): |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional Generator Information** | | | | |
| 1) Does your company have an EPA ID Number? | Yes | No | EPA ID No. |  |
| 2) Have you previously disposed of hazardous waste within this calendar year? | Yes | No | Recent Date: | With Whom: |
| 3) Briefly describe your business. |  | | | |
|  | | | |

**Certification of Generator Status**

I certify that the above information is true and correct. I further certify that the entity I represent is a Very Small Quantity Generator (VSQG) pursuant to 40 CFR 261.5 and that I am authorized to sign this document on behalf of the entity.

I understand that it is the responsibility of the Generator to comply with all applicable Federal, State, and local regulations concerning hazardous waste management. I further understand that if the Generator does not meet all of the requirements, or generates hazardous waste in quantities greater than those specified in 40 CFR 261.5, the Generator will no longer qualify as a VSQG and can no longer use this service. Acceptance of these wastes is solely at the discretion of the Boulder County Hazardous Materials Program.

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| --- | --- | --- | --- |
| Signature | Print Name | Title | Date |
|  |  |  |  |

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| **Make a drop-off appointment and upload completed forms (Part 1 and 2):** [**https://boco.org/bizappt**](https://boco.org/bizappt) **(or mail, email or fax completed forms to:**  Boulder County, Resource Conservation Division/HMMF  1901 63rd Street  Boulder, CO 80301  Email: HazmatAll@bouldercounty.org  Fax: 720-564-2227 |

**Submission of this Application Form (Part 1) and the**

**Inventory Form (Part 2) are required for every business appointment**