



9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

**10. Type of Regulated Waste Activity**  
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

**A. Hazardous Waste Activities**  
 Complete all parts for 1 through 6.

- Y  N  **1. Generator of Hazardous Waste**  
 If "Yes", choose only one of the following - a, b, or c.
- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
  - b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
  - c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

- Y  N  d. United States Importer of Hazardous Waste
- Y  N  e. Mixed Waste (hazardous and radioactive) Generator

- Y  N  **2. Transporter of Hazardous Waste**
- Y  N  **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.
- Y  N  **4. Recycler of Hazardous Waste (at your site)**
- Y  N  **5. Exempt Boiler and/or Industrial Furnace**  
 If "Yes", mark each that applies.
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, and Refining Furnace Exemption
- Y  N  **6. Underground Injection Control**

**B. Universal Waste Activities**

- Y  N  **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- Y  N  **2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**  
 Mark all boxes that apply.

- Y  N  **1. Used Oil Transporter**  
 If "Yes", mark each that applies.
  - a. Transporter
  - b. Transfer Facility
- Y  N  **2. Used Oil Processor and/or Re-refiner**  
 If "Yes", mark each that applies.
  - a. Processor
  - b. Re-refiner
- Y  N  **3. Off-Specification Used Oil Burner**
- Y  N  **4. Used Oil Fuel Marketer**  
 If "Yes", mark each that applies.
  - a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
  - b. Marketer Who First Claims the Used Oil Meets the Specifications

