



# DISPOSAL AUTHORIZATION

NO. \_\_\_\_\_

EXPIRES \_\_\_\_\_

WASTE CODE \_\_\_\_\_

Please fill out completely. Incomplete applications cannot be processed.

## GENERATOR

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TRANSPORTER \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

**SITE OR PROJECT (ADDRESS)** \_\_\_\_\_

TYPE OF MATERIAL: \_\_\_\_\_ HAS TESTING BEEN DONE? (ENCLOSE RESULTS) \_\_\_\_\_

AMOUNT (PLEASE SPECIFY YARDS OR TONS): \_\_\_\_\_ DISPOSAL FREQUENCY \_\_\_\_\_

WHO WILL PAY ANY FEES, OR WHOSE ACCOUNT IS TO BE BILLED?  Generator  Transporter  Consultant

PAYMENT METHOD:  CASH  CHECK  LANE COUNTY CHARGE CARD# \_\_\_\_\_

I HEREBY CERTIFY UNDER PENALTY OF THE LAWS OF THE STATE OF OREGON THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE-DESCRIBED MATERIAL IS PROPERLY CLASSIFIED AND IDENTIFIED AND IS NOT AN RCRA OR OREGON STATE HAZARDOUS WASTE. I UNDERSTAND THAT IF THIS WASTE IS LATER DETERMINED TO HAVE BEEN KNOWINGLY OR UNKNOWINGLY MISREPRESENTED OR WRONGLY CLASSIFIED, MY COMPANY WILL BE CONTACTED FOR REMOVAL OF THE WASTE OR HELD LIABLE FOR THE COST OF PROPER DISPOSAL. I UNDERSTAND THAT COVER MATERIAL IS ACCEPTED AT THE DISCRETION OF THE LANDFILL SUPERVISOR, AND THAT DISPOSAL AUTHORIZATION MAY BE REVOKED AT ANY TIME, AND THE MATERIAL CHARGED AT THE REGULAR GARBAGE RATE.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

*OFFICIAL USE ONLY--DO NOT WRITE BELOW THIS LINE*

## WASTE MANAGEMENT DIVISION ACTION:

OPERATIONS: \_\_\_\_\_  APPROVED  DISAPPROVED  
SIGNATURE/DATE  FEE WAIVER

COMMENTS: \_\_\_\_\_

SPECIAL WASTE PROGRAM: \_\_\_\_\_  APPROVED  DENIED  
SIGNATURE/DATE

COMMENTS: \_\_\_\_\_