



**STATE OF UTAH
DEPARTMENT OF ENVIRONMENTAL QUALITY**

DIVISION OF WASTE MANAGEMENT & RADIATION CONTROL

**WASTE MANAGEMENT
& RADIATION CONTROL**

P.O. Box 144880, Salt Lake City, Utah 84114-4880

IMPORTANT! Before filling out this form, please read all attached instructions.

VERIFIED RECYCLER OR INTERMEDIATE FACILITY APPLICATION	
1. Company Name:	9. Facility's Physical Address and Phone # (if different than company information):
2. Company's Physical Address:	
3. Company's Mailing Address:	
4. Company Phone #:	9b. Has your facility had an enforcement action in the last 3 years? No Yes
5. Company Owner's Name:	10. Name and Title of Contact Person:
6. Property Owner's Name:	11. Facility EPA ID #:
7. Property Owner's Address:	12. TYPE of Application: Recycler or Reclaimer Intermediate Facility
8. Property Owner's Telephone #:	STATE USE ONLY
	Registration Number: _____
	Date Issued: _____
	Expiration Date: _____

13. If property is leased, a copy of the lease agreement must be submitted in addition to a letter from the owner of the property addressed to the Director of the Division of Waste Management & Radiation Control explaining that the property owner is aware and approves of the lessee's intent to apply for a Recycler/Reclamation or Intermediate Facility Removal Request that will be occurring on the property.
14. Provide a detailed description of how the facility will meet the four legitimacy factors contained in R315-260-43.
15. Provide a written contingency plan if the facility accumulates more than 6000 kg of Hazardous Secondary Material (HSM). (R315-261-400)
16. Provide a description of how the HSM and waste residuals will be managed. (R315-261-4(24)(vi)(E))
17. Provide a description of how containers of HSM will be managed. (R315-261-4(24)(vi)(D))
18. Provide documentation of financial assurance. (R315-261-4(24)(vi)(F))
19. Provide notification of HSM activities using EPA Form 8700-12 as required by R315-261-4(24)(vii).

20. Provide the following information:
- a. Detailed map of the facility, the processing equipment and HSM container storage area.
 - b. Copies of business license and zoning permit, and, if applicable, any other licenses and permits required by federal, state and local government entities.

Transfer facilities that store HSM for more than 10 days become “intermediate facilities” subject to these requirements. Generators, transporters, intermediate facilities, and recyclers involved in the process will need to carefully coordinate their efforts to maintain the “verified recycler” exemption from generation through recycling.

The Company owner or designated representative must sign this form.

I certify under penalty of law that the application and all attachments were prepared by me or under my direction or supervision. The information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Name _____

Title _____

Signature

Date _____
