

<b>HALOGENATED SOLVENT USER REGISTRATION FORM</b>			
<b>STATE USE ONLY - REGISTRATION NUMBER:</b>			
<b>Company Name</b>			
<b>Mailing Address</b>	Address		
	City	State	Zip
<b>Estimated Annual Quantity of Halogenated Solvents</b>		<b>Gallons</b>	
<b>Waste Disposal Method</b>	<p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Shipment to an approved hazardous waste treatment, storage, or disposal facility</p> <p><input type="checkbox"/> Disposal in a licensed sanitary landfill</p> <p><input type="checkbox"/> Discharge to municipal sewer system</p> <p><input type="checkbox"/> On-site disposal (discharge to a septic tank, dry well, lagoon, or other industrial sewer)</p> <p><input type="checkbox"/> On-site reclamation (distillation, etc.). Explain disposition of still bottoms or other residuals generated from reclamation:</p> <p><input type="checkbox"/> Shipment to an off-site recycling facility</p> <p><input type="checkbox"/> Other disposal methods. Describe:</p>		
<b>Number of Cards Requested</b>		<b>Cards</b>	
<b>Contact Person</b>	Last Name		First Name
	Email		
	Phone		Title
<b>Certification:</b> <i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, and I believe this information to be true, accurate, and complete.</i>			
Printed Name		Signature	
Title		Date	

Please email or mail the completed form to:

Email: [deqhazwaste@mt.gov](mailto:deqhazwaste@mt.gov)

Mail: Waste Management Bureau | Hazardous Waste Program | PO Box 200901 | Helena, MT 59620