

GENERATOR PRE-QUALIFICATION FORM

I TYPE OF WASTE:

ASPHALT ROOFING MATERIALS (Commercial Styles)
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II AMOUNT OF WASTE: +/- _____ Cu Yds +/- _____ Tons

III GENERATOR INFORMATION:

a) Generator _____ **Contact** _____
Address _____ **Phone#** _____

b) Process Generating the Waste _____

c) Site of Generation _____

d) Contracting Firm _____ **Contact** _____
Address _____ **Phone#** _____

IV WASTE CHARACTERIZATION: Analytical Method - See Table 1 for b)

<u>PARAMETER</u>	<u>ANALYTICAL RESULTS</u>	<u>ACCEPTANCE CRITERIA</u>
Asbestos	_____	< 1%

V GENERATOR CERTIFICATION:

The undersigned agrees that to the best of his/her knowledge the materials, as represented and described above, to be processed by Commercial Recycling Systems do not contain any hazardous waste as this term is used in the Resource Conservation and Recovery Act, the Comprehensive Environmental Response, Compensation and Liability Act, the Hazardous Materials Transportation Act, the Toxic Substances Control Act, the Clean Air Act and the Clean Water Act, or any similar state or local law, or any regulation promulgated pursuant thereto, or any other applicable law, except those materials expressly indicated above. Samples obtained by generator for pre-qualification of this material have been obtained in accordance with the requirements of Table 1 and CRS's Sampling and Analytical Plan.

(Name Print/Type)

(Title)

(Signature)

(Date)

VI COMMERCIAL RECYCLING SYSTEMS ACCEPTANCE:

CRS accepts this waste in accordance with requirements set forth in it's MDEP Solid Waste Facility Processing License #S-021243-WK-A-N.

(Name Print/Type)

(Title)

(Signature)

(Date)