

Temporary Identification Number Request

<u>Temporary ID No. Requested</u>	
Requested By: _____	Date: _____
Company Name: _____	Telephone: _____
Email: _____	Fax: _____

<u>Requesting ID Number For</u>	
Generator Facility: _____	
Physical Location: _____	County: _____
Mailing Address: _____	
Contact Person: _____	Telephone: _____

<u>Waste Information</u>	
Waste/Description & Amount(s): _____	
How the waste was accumulated (i.e. UST removal, left-over paint, etc.)? _____	
UST Information: Facility ID: _____	Closure Number: _____

<u>Transportation/Disposal Information</u>	
Disposal Company: _____	ID Number: _____
Contact Person: _____	Telephone: _____
Transporter Company: _____	ID Number: _____
Comments: _____	

NOTE: THIS IS A 30-DAY ID NUMBER, ONLY. YOU ARE REQUESTED TO FORWARD A COPY OF THE MANIFEST(S), SHOWING THE SIGNATURES AND DATES FOR THE TRANSPORTER PICK-UP AND FOR THE DISPOSAL SITE DELIVERY, AS SOON AS IT IS AVAILABLE.

<u>This section is for WVDEP use only:</u>			
Effective Dates: Issue Date: _____	Closure Date: _____		
Manifest Number: _____	Date Received: _____		
Transporter pick-up date: _____	Disposal Site/Received Date: _____		
Total HW (Pounds) = _____	LQG	Yes	No