

Temporary Identification Number Request

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

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

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

<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>	
Date Request Received: _____	ID Number Issued: WVP00000 _____
Effective Dates: Issue Date: _____	Closure Date: _____
Issued To: _____	By: _____
Manifest Number: _____	Date Received: _____
Transporter pick-up date: _____	
Disposal Site/Received Date: _____	Date Closed: _____
Total HW (Pounds) = _____	= LQG: Yes: _____ No: _____

WVDEP – 601 57 th Street SE – Charleston, WV 25304	
Email: Arthur.P.Boyd@wv.gov Telephone: (304) 926-0499 ext. 1284 Fax: (304) 926-0463	

Date Received: _____	Date Closed: _____
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