



Sarasota County  
Special Waste Profile  
And Disposal Request for Landfill Disposal

**Generator Information**

Organization / Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Cell \_\_\_\_\_ FAX \_\_\_\_\_

**Generator Certification Statement**

I certify that, to the best of my knowledge, all information and statements contained herein are true and accurate, that all relevant information has been disclosed regarding this waste, that this waste does not contain levels of contaminants exceeding RCRA standards for hazardous wastes, that the analytical (if required) is a true representation of the waste for which this request is presented.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Disposal Authorization**

Reviewed By: (Signature Required) \_\_\_\_\_

Hazardous Waste  \_\_\_\_\_

Landfill Operations  \_\_\_\_\_

Waste Recertification Required:

Annually

Semi-Annually

Each Time

As Needed

Tipping Fee Waived: Yes

No

Analysis Required:

Yes

No

Approved for disposal:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date Approval Expires: \_\_\_\_\_

Copies to  File  Landfill  Operator  Scale House  Applicant

Approver Comments / Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

