Valicor®
Environmental Services

☐ New
☐ Recertification

UNIVERSAL WASTE PROFILE

PROFILE NUMBER

PRIMARY DISPOSAL FACILITY

SECONDARY DISPOSAL FACILITY

A. GENERATOR INFORMATION

Generator:	☐ Billing Information is same ☐ P.O. Required
Facility Address:	Customer:
	Billing Company:
Mailing Address:	Billing Address:
City/State/Zip:	City/State/Zip:
Technical Contact:	Billing Contact:
Phone: Fax:	Phone: Fax:
EPA ID #:	Email:

B. MATERIAL/SHIPPING INFORMATION

C. PACKING INFORMATION

CONTAINER TYPE	DRUM ◉	CU YARD BOX ○	CU YARD BAG ○	OTHER: ○

ANTICIPATED VOLUME PER SHIPMENT:

D. CERTIFICATION

I hereby certify that the above attached description is complete and accurate for the best of my knowledge and ability to determine that no deliberate or willful omission of composition properties exists and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials described by this profile. In addition, to the best of my knowledge and belief, all information on these forms is a complete and accurate representation of our material. I will notify VALICOR in ADVANCE of changes to the material. I will comply with all local, state, and federal regulations with regards to the material.

Generator Signature | Typed Name | Date

E. PROFILE APPROVAL

Valicor Approval Signature | **Name & Title (printed or typed)** | **Date**

Valicor use only:

Valicor Process Code:

Notes:

Sales Rep Name: Phone #: Email: