



SPECIAL WASTE PROFILE – RECERTIFICATION

Disposal Facility: _____	Waste Profile #
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I. Generator Information

Generator Name:			
Generator Site Address:			
City:	County:	State:	Zip:
Generator Mailing Address (if different):			
City:	County:	State:	Zip:
Generator Contact Name:			Email:
Phone Number:		Fax Number:	

II. Waste Stream Information

Name of Waste:	
Check Section 1 OR Section 2 below:	
1.	<input type="checkbox"/> There has been a change in the characteristics of the waste stream due to the following: <ul style="list-style-type: none"> a. Change of a raw material used in the waste generating process. b. Change in the waste generating process itself. c. Change in a physical characteristic of the waste. d. New information has been documented concerning the health effects of exposure to the waste. <p>If any of these changes have occurred, a new laboratory analysis and profile sheet must be completed. Attach copies of the new chemical analysis and new Special Waste Profile with the appropriate signatures.</p>
2.	<input type="checkbox"/> There have been no changes that would alter the physical characteristics of the special waste stream. Updated analytical may be required.

III. Representative Sample Certification

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?	<input type="checkbox"/> No Sample Taken <input type="checkbox"/> YES or <input type="checkbox"/> NO
Sample Date:	Type of Sample: <input type="checkbox"/> COMPOSITE SAMPLE <input type="checkbox"/> GRAB SAMPLE
Sample ID Numbers:	

IV. Certification

I hereby certify that to the best of my knowledge and belief, the information contained in the Special Waste Profile - Recertification and the information in the original Special Waste Profile is true, complete and accurate.	
_____ Authorized Representative Name And Title (Printed)	_____ Company Name
_____ Authorized Representative Signature	_____ Date