

Airbag Waste Collection Facility Notification

This is to notify that the facility identified below will be acting as an *Airbag Waste Collection Facility* as described in 40 CFR 261.4(j)(1)(iii)(A). I certify that I understand that *airbag waste* (as defined in 40 CFR 260.10) that is accepted by the facility is subject to management as hazardous waste in accordance with the requirements of 6 NYCRR Part 372 upon arrival at this facility. I also acknowledge that this facility will be considered to be the hazardous waste generator of the airbag waste that is accepted by this facility.

Date: _____

Collection Facility

EPA ID Number: _____

Collection

Facility Name: _____

Collection Facility Address

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Collection Facility

Phone Number: _____ Ext: _____

Name of Person

Filling Out Form: _____

Title of Person

Filling Out Form: _____

Signature of Person

Filling Out Form: _____

Please e-mail the completed notification form to info.sgg@dec.ny.gov.

If you are unable to submit by email, please mail to the address listed below or fax to 518-402-9024. Please call 518-402-8652 if you have any questions about this form.

Mailing Address: Bureau of Hazardous Waste and Radiation Management
Division of Materials Management
New York State Department of Environmental Conservation
625 Broadway Albany, NY 12233-7256