## UNIVERSAL WASTE AEROSOL CAN PROCESSING NOTIFICATION

<table>
<thead>
<tr>
<th>FACILITY ID #:</th>
<th>CERS ID #:</th>
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<tbody>
<tr>
<td>FACILITY NAME:</td>
<td>EPA ID #:</td>
</tr>
<tr>
<td>SITE ADDRESS:</td>
<td>CONTACT PHONE #: ( )</td>
</tr>
<tr>
<td>CITY:</td>
<td>ZIP CODE:</td>
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</tbody>
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### PROCESS DESCRIPTION

Type of aerosol cans to be processed:

Estimated volumes or quantities to be processed monthly:

Treatment process or processes description:

Equipment description:

Equipment design capacities:

### HAZARDOUS WASTE TREATMENT RESIDUALS

Description of the characteristics of hazardous treatment residuals:

Description of management of any hazardous treatment residuals:

### CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. This notification must be submitted in person or by certified mail with return receipt requested no later than the date on which the handler first initiates this activity.

SIGNATURE:                              DATE: 

NAME OF PERSON SIGNING CERTIFICATION (Print):    TITLE: 

DELIVER NOTIFICATION TO:

ASSISTANT CHIEF, INSPECTION SECTION  
COUNTY OF LOS ANGELES FIRE DEPARTMENT  
HEALTH HAZARDOUS MATERIALS DIVISION  
5825 RICKENBACKER ROAD, COMMERCE, CA 90040