



NON-OIL FIELD WASTE APPROVAL APPLICATION

www.R360Canada.com | 1-855-591-5360

1 WASTE GENERATOR INFORMATION

Waste Generators Company:			<input type="text"/>								
Street Address:						<input type="text"/>					
City/Town:		<input type="text"/>		Province:		<input type="text"/>		Postal Code:		<input type="text"/>	
Generating Waste Location (LSD or Physical Address):						<input type="text"/>					
City/Town:		<input type="text"/>		Province:		<input type="text"/>		Postal Code:		<input type="text"/>	
Representative Name:			<input type="text"/>			Company:			<input type="text"/>		
Phone:			<input type="text"/>			Email:			<input type="text"/>		

2 INVOICING INFORMATION- If different than above.

Company:						<input type="text"/>							
Street Address:						<input type="text"/>							
City/Town:		<input type="text"/>		Province:		<input type="text"/>		Postal Code:		<input type="text"/>			
Payment Approver Name:						<input type="text"/>							
Phone:			<input type="text"/>			Email:			<input type="text"/>				
Job Identification		EDI Code:		<input type="text"/>		AFE:		<input type="text"/>		PO #:		<input type="text"/>	
Email:						<input type="text"/>							

3 WASTE DESCRIPTION

Waste Name:						<input type="text"/>								
Waste Description:						<input type="text"/>								
Volume <input type="text"/> m ³ / tonne														
State of the Waste:			Solid:		<input type="checkbox"/>		Liquid:		<input type="checkbox"/>		Sludge:		<input type="checkbox"/>	
Odour:			Mild:		<input type="checkbox"/>		Strong:		<input type="checkbox"/>		None:		<input type="checkbox"/>	
Describe:						<input type="text"/>								
Were chemicals used in process of generating of the waste?			Yes:		<input type="checkbox"/>		No:		<input type="checkbox"/>					
Describe:						<input type="text"/>								



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3 WASTE DESCRIPTION- CONTINUED

Does the waste contain or have any of the following properties:

Property	Yes	No	Property	Yes	No
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Shock Sensitive	<input type="checkbox"/>	<input type="checkbox"/>
Polymerizable	<input type="checkbox"/>	<input type="checkbox"/>	Water Reactive	<input type="checkbox"/>	<input type="checkbox"/>
Explosive	<input type="checkbox"/>	<input type="checkbox"/>	Spontaneously Ignitable	<input type="checkbox"/>	<input type="checkbox"/>
Biological/Pathological	<input type="checkbox"/>	<input type="checkbox"/>	Oxidizer	<input type="checkbox"/>	<input type="checkbox"/>
H ₂ S	<input type="checkbox"/>	<input type="checkbox"/>	PCBs	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocarbons	<input type="checkbox"/>	<input type="checkbox"/>	Organic Chlorides	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive	<input type="checkbox"/>	<input type="checkbox"/>	Toxicity	<input type="checkbox"/>	<input type="checkbox"/>

Is this Hazardous Waste?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Supporting Documentation:	Analytical: <input type="checkbox"/>	SDS: <input type="checkbox"/> Other: <input type="checkbox"/>

4 SHIPPING DESCRIPTION

Shipping Name:

If waste is classified as Dangerous-Proper TDG Shipping Name:

TGD Class: <input type="text"/>	UN #: <input type="text"/>	Packing Group: <input type="text"/>
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5 DISPOSAL LOCATION

Facility Name:

6 Certification

I understand that it is the responsibility of the Generator or the Generator's Authorized Representative to determine the characteristics of the Waste material and its proper classification, I hereby certify that the Waste material complies with all federal, provincial, and local laws and regulatory criteria, and is acceptable material for the facility. Additionally, I hereby indemnify R360 and save it harmless from and against any claims, actions, damages, liabilities, and expenses including lawyers and other professional fees, in connection with the loss or injury whatsoever arising from or out of any inaccuracy or untruthfulness in the information provided herein. I further agree that this section 3 shall survive the expiry or termination of any Agreements entered into between R360 and the Generator.

Authorized Signature: _____

Print Name:

Title/Position: <input type="text"/>	Date: <input type="text"/>
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R360 USE ONLY

WAC NUMBER:

Authorized Signature: _____