PESTICIDE DISPOSAL PARTICIPANT REGISTRATION FORM

General Information

Company Name:	F	Form No.:	
Address:			
Point of Contact:		Complete and	d return this form to:
Telephone: Fax:		Name: Address:	EnviroServices & Training Center, LLC 560 Ward Ave., Suite 202
Email:		Fax: Email:	Honolulu, Hawaii 96814 808-839-4455 greg@gotoetc.com
Type of Business:	Farm Pest Control Landscaper		OR
	Other (specify):	Name:	
	authorized representative of the above named company, that the on this "Participant Registration Form" is true and accurate.	Address:	
Name (print):			
Signature:		Fax:	
Title:		Email:	

<u>List unwanted pesticides on reverse side of this form.</u>
<u>If the item is unknown, list each item as "unknown" in "Trade or Product Name" column.</u>

Date:

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Item	¹ Trade or Product Name	Active Ingredient	EPA Reg. No.	No. of	Size of	Type of	Total Weight
No.		(if known)	(if known)	Containers		Container	(pounds)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16	-						
17							
18							
19							
20							

¹List unknown items individually as "unknown".

For Official Use Only – Do Not Write Below This Line

Item No.	Disposition	Total	Total Weight	Participant Quote	Quote Accepted	Amount Due	Payment Method
(list multiple)		Weight	Over 200 Pounds	Provided			
				Yes	Yes		Credit Card
	Disposal			Date:	□ No		Check (due upon delivery)
					Date:		☐ Net 30 days
	Surplus						
	Rework						
				Review	by:		

Review	by:	