North Carolina

Transfer Facility Registration Form

NC Department of Environment and Natural Resources
Division of Waste Management
Hazardous Waste Section
217 West Jones Street
Raleigh, NC 27603

Please Refer to the instructions for Filing Registration before completing this form. The information requested here is required by Session Law 2007-107 amending Chapter 130A of the General Statutes (House Bill 36).
Submit this form to the Hazardous Waste Section. In addition, maintain copies of this form on-site for at least three years.

1. Reason for Submittal	☐ Initial Registration ☐ Subsequent Registration ☐ Operation Ceased	☐ Transfer Facility Registration Number N C T F
2. Transfer Facility Name	(Name of company and/or specific site name) Transfer Facility Name	
3. Facility Location	(Physical Address, NOT P.O. Box or Route Number) Street City / County / NC / Zip Code	
4. Mailing Address	Street City / State / Zip Code	
5. Contact Name Information	Last Name / First Name Job Title / Tel. Number Street Address City / State / Zip Code	
6. Legal Owner of the Site	Name of Legal Owner Street Address City / State / Zip Code Tel. Number	
7. Operator Type	☐ Private ☐ District ☐ County ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
8. Owner Type	☐ Private ☐ District ☐ County ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	

9. Certification	I certify that the information supplied is accurate and correct to the best of my knowledge and belief. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.		
10. Signature			
	Sign		**Date**
	Print Name	**Title of Official**	

INSTRUCTIONS FOR COMPLETING FORM
TYPE OR PRINT ALL ITEMS IN BLACK INK EXCEPT ITEM 10: "SIGNATURE."

Item 1: Reason for Submittal
Place an "X" in the appropriate box to indicate whether this is an initial or a subsequent registration for this site. The Transfer Facility Registration Number has been assigned to your facility.

Item 2: Transfer Facility
Provide the name of the transfer facility.

Item 3, 4 & 5: Facility Location and Contact
Please note that the address given for Item 3: "Facility Location" must be a physical address, not a post office box or route number. If the county name is unknown contact the local Post Office. Enter the name, title, and business telephone number of the person who should be contacted regarding information submitted on this form.

Item 6: Legal Owner of the Site
Enter the name of the legal owner(s) of the Transfer Facility, including the property owner. Also enter the address and phone number where the owner may be reached. Use an additional sheet if necessary to list more than one owner.

Items 7 & 8: Operator
Using the codes listed below, place "X" in the appropriate position to indicate the code which best describes the current legal status of the land on which the facility is located.

Private = (Privately owned)
Indian = (Recognized Indian Lands)
District = (Legislative District)
Municipal = (Owned by City Government)
County = (Owned by County Government)
State = (Owned by State Government)
Federal = (Owned by Federal Government)

Items 9 & 10: Certification and Signature
This certification must be signed by the owner, operator or an authorized representative of the Transfer Facility. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager or superintendent, or a person of equal responsibility). All applications must include this certification to be complete.

Where should I send my completed form?
Mail your completed form to:

North Carolina Hazardous Waste Section
Division of Waste Management
Department of Environment & Natural Resources
217 West Jones Street
Raleigh, NC 27603

If you have any questions contact:

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