

REQUEST FOR CLEARANCE NUMBER

All Clearance Numbers expire 6 months from date of approval. Customers should renew their clearance number or request an extension prior to the expiration date. Clearance Numbers are issued during business hours, Monday through Friday only.

PART I. CUSTOMER INFORMATION (Please print legibly)

JOBSITE ADDRESS		CITY	ZIP CODE
NAME OF PROPERTY OWNER			
NAME OF DEMOLITION CONTRACTOR			
ADDRESS		CITY	ZIP CODE
PHONE	FAX # or EMAIL	P.O.#	JOB #
*NAME OF TRANSPORTER		PHONE #	FAX # or EMAIL
BILL CHARGES TO: _____			
_____ <i>Authorized Signature</i>		_____ <i>Title</i>	_____ <i>Date</i>

*For additional transporters, please complete the Transporter Authorization Form.

LEED TRACKING:	USE OF SITE:	JOB/PROJECT:	WASTE MATERIAL: (Check all that apply)
<input type="checkbox"/> Yes	<input type="checkbox"/> Residential	<input type="checkbox"/> City	<input type="checkbox"/> Canec
<input type="checkbox"/> No	<input type="checkbox"/> Commercial	<input type="checkbox"/> State	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Federal	<input type="checkbox"/> Grub
	<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Roofing Only	<input type="checkbox"/> Mixed Waste
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Rock/Dirt Soil
		<input type="checkbox"/> Contaminated Soil	<input type="checkbox"/> Liquid Waste/Sludge
		<input type="checkbox"/> Liquid Waste	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Transite
			<input type="checkbox"/> Asbestos
			<input type="checkbox"/> Lead Based Paint
			<input type="checkbox"/> Paint Chips
			<input type="checkbox"/> Contaminated Soil

Profile Sheets Attached: Contaminated Soil Solidification Asbestos Notification of Demolition and Renovation

PART II. WASTE CERTIFICATION

1. This waste is not a "Hazardous Waste" as defined by EPA or the State of Hawaii.
2. This waste does not contain regulated radioactive materials or regulated concentrations of PCBs (Polychlorinated Biphenyls).
3. The statements and attachments contain true and accurate descriptions of the waste. All relevant information regarding known or suspected hazards in the possession of the undersigned has been disclosed.
4. The analytical data presented herein or attached hereto were derived from testing representative samples taken in accordance with the DOH HEER Technical Guidance Manual.
5. If any changes occur in the character of the waste, the undersigned shall notify a Landfill representative immediately.
6. The waste is not generated from a CERCLA site.

I have read and understand the WASTE CERTIFICATION guidelines and certify the information entered onto this form is accurate and true:

Property Owner or Authorized Agent Signature	Title	Date:
Demolition Contractor or Authorized Agent Signature	Title	Date
Transporter or Authorized Agent Signature	Title	Date

FOR OFFICE USE ONLY

Clearance No.:	<input type="checkbox"/> Approved <input type="checkbox"/> Declined Initials _____ Date: _____ <input type="checkbox"/> Landfill and <input type="checkbox"/> Phase I or Phase II <input type="checkbox"/> Asbestos Pit
Issued by _____ Date: _____ Compuweigh entry by _____ Date: _____ Filed by _____	Comments: