

REQUEST FOR EXTENSION OF CLEARANCE NUMBER

Approved extensions are valid for three months from date of approval.
Extensions can only be approved once per clearance number.

PART I. CUSTOMER INFORMATION (Please print legibly)

BILL CHARGES TO	
CONTACT NAME	
PHONE NO.	FAX NO.
CLEARANCE NUMBER	WASTE MATERIAL

JOBSITE:

REASON FOR EXTENSION:

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 above and certify the information entered onto this form is accurate and true:

_____	_____
AUTHORIZED AGENT SIGNATURE	DATE

PRINT NAME	

FOR OFFICE USE ONLY

Inspection Date:	☐ Approved	☐ Declined	Initials:	Date:
Original Expiration Date:	New Expiration Date:			
Comments:				