



DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF VERMONT
WASTE MANAGEMENT & PREVENTION DIVISION
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TEMPORARY EPA ID # REQUEST
(valid for 90 days)

Form with fields for VTP, DATE ISSUED, GENERATORS NAME, MAILING ADDRESS, ACTUAL SITE NAME, CONTACT PERSON, DESCRIPTION OF WASTE, TRANSPORTER, FACILITY, REQUESTED BY, COMPANY, PHONE, FAX, EMAIL.

