

State of Vermont
Department of Environmental Conservation
Waste Management and Prevention Division
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AGENCY OF NATURAL RESOURCES

TEMPORARY EPA ID # REQUEST
(valid for 90 days)

VTP _____

DATE ISSUED: _____

DATE EXPIRES: _____

GENERATORS NAME: (FINANCIALLY RESPONSIBLE)	
MAILING ADDRESS:	
CITY:	
STATE:	
ZIP & 4	
ACTUAL SITE NAME:	
STREET, ROUTE: (PHYSICAL LOCATION)	
CITY/COUNTY:	
STATE:	
ZIP & 4:	
CONTACT PERSON: (FOR GENERATOR)	
PHONE NUMBER	
ADDRESS (MAILING)	
CITY	
STATE & ZIPCODE:	
EMAIL:	
DESCRIPTION OF WASTE: (UNUSUAL CIRCUMSTANCES, SPILLS, VOLUME, ETC)	
TRANSPORTER:	
FACILITY:	
REQUESTED BY: (PERSON)	
COMPANY:	
PHONE:	
EMAIL:	
In response to spill – Yes/No	If yes – Spill #