



Agency of Natural Resources
Department of Environmental Conservation

REQUEST FOR ELECTRONIC REPORTING WAIVER

FOR AGENCY/DEPT. USE ONLY

Date Received

FACILITY/BUSINESS/INDIVIDUAL INFORMATION

Site Name:		EPA ID #:	
Physical Address:	City	State	Zip
Contact Name	Phone No.	Email Address	
Mailing Address (If different from above):	City	State	Zip

REASON for WAIVER REQUEST (See next page for waiver request criteria and descriptions)

Please check the reason(s) from the list below and provide a brief statement as appropriate explaining the basis for requesting a waiver.

a. Equipment or software
 b. Connectivity
 c. Religious and/or cultural
 d. Limited English proficiency
 e. Limited digital or technological proficiency
 f. No credit card or bank account
 g. Other (MUST include narrative explanation below)

SIGNATURE of FACILITY or BUSINESS OPERATOR/OWNER or Individual:

RETURN COMPLETED APPLICATION TO: Vermont Department of Environmental Conservation Waste Management/Hazardous Waste	I certify under penalty of law that this document and any attachments (if applicable) were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
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