

**TEMPORARY EPA ID #**  
**REQUEST** (valid for 90 days)

VTP <input type="text"/>	
DATE ISSUED <input type="text"/>	
For office use only	
<b>GENERATORS NAME:</b> (FINANCIALLY RESPONSIBLE)	
MAILING ADDRESS:	
CITY:	
STATE:	
ZIP & 4	
<b>ACTUAL SITE NAME:</b>	
STREET, ROUTE: (PHYSICAL LOCATION)	
CITY:	
STATE:	
ZIP & 4:	
<b>CONTACT PERSON:</b> (FOR GENERATOR)	
PHONE NUMBER	(     )
ADDRESS (MAILING)	
CITY	
STATE & ZIPCODE:	
EMAIL:	
<b>DESCRIPTION OF WASTE:</b> (UNUSUAL CIRCUMSTANCES, SPILLS, VOLUME, ETC)	
<b>TRANSPORTER:</b>	
<b>FACILITY:</b>	
<b>REQUESTED BY:</b> (PERSON)	
<b>COMPANY:</b>	
<b>PHONE</b> (     )	<b>FAX</b> (     )
<b>EMAIL:</b>	