**Certificate for Municipal Hazardous or Special Waste**

**(Section 81, R.R.O. 1990, Regulation 347)**

**Waste Generation Facility Identification**

(Note: Information is for site at which waste in this container is generated)

**Security Seal No.**

**Generator Registration No.:**

**Generator name:**

**Generator Address:** Street:

City:

Province:

**C of A No. for MHSW Depot:**

**Area Code and Telephone No.:**

**Description of Container Contents**

| **Waste Name and/or Description of Waste:** | **MOE Waste Class:** |
| --- | --- |
| [Enter information] | [Enter information] |
| [Enter information] | [Enter information] |
| [Enter information] | [Enter information] |
| [Enter information] | [Enter information] |

**Certification Statement**

All wastes in this container were collected at a Municipal Hazardous or Special Waste Depot as municipal hazardous or special wastes or as small quantity exempt wastes from industrial, commercial and institutional (IC&I) generators. Under Section 81 of R.R.O. 1990, Regulation 347, these wastes are not subject to land disposal treatment requirements. I certify that the information provided on this certificate and the certification statements above are accurate and complete. I acknowledge that it is an offence under Section 184(3) of the Environmental Protection Act to include false or misleading information in any document or data required to be created, stored or submitted under the Act.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_