



**CS-025-FRM-3-New Generator Profile Sheet**

Generator Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 EPA ID # \_\_\_\_\_

**EPA and DOT Requires 24 hour Monitored Emergency Response contact information:**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

Check Appropriate Generator Type (Required):

Would you like to be on LEI's Container Renewal Program? (Check one)

**Person to Receive Pending Route Notification :**

Scheduling Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ EXT. \_\_\_\_\_ Cell: \_\_\_\_\_  
 Alternate Phone \_\_\_\_\_ EXT. \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email \_\_\_\_\_

**Field Contact Info:**

Field Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ EXT. \_\_\_\_\_ Cell: \_\_\_\_\_

Check Shipping Document type :      Non-Haz Manifest      Hazardous Manifest      Bill of Lading

Dock Times: \_\_\_\_\_

Safety Gear Required: \_\_\_\_\_

*"Standard" gear is hard hat, safety glasses, gloves & half-mask respirator. Please note additional safety requirements for your facility.*

**DIRECTIONS: Give detailed directions to your facility from the nearest Interstate Highway. Please use Federal, State and Local Highway numbers. Use North, South, East or West directions. DO NOT SEND INTERNET DIRECTIONS OR MAPS.**

**LEI OFFICE USE ONLY:**

<b>Generator Number:</b>	_____	<b>Route Number:</b>	_____
--------------------------	-------	----------------------	-------