



SA-020-FRM-5–New LEI Customer Profile

DATE : _____

COMPANY NAME: _____
 PHYSICAL ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 EPA ID #: _____

FACILITY CONTACT: _____ PHONE: _____
 FAX : _____ E-MAIL: _____
(Name of person to complete and return the scheduled pickup notification form)

FIELD CONTACT: _____ PHONE: _____
 FAX : _____ E-MAIL: _____
(Name of person to assist / oversee the pickup or delivery of load if facility contact is not present)

PAPERWORK TYPE :
What transportation paperwork does your facility require: Haz Waste Manifest or Bill of Lading?

Who would you like to supply the paperwork? My Company LEI

DOCK TIMES: _____

PLEASE INDICATE YOUR BUSINESS HOURS AND GIVE ANY ANNUAL HOLIDAYS OR SHUT DOWNS THAT WOULD AFFECT SHIPPING AND RECEIVING AT YOUR FACILITY:

SAFETY GEAR REQUIRED: Standard,
*("Standard" gear for LEI is hard hat, safety glasses, gloves, half mask respirator;
 Please note any additional safety requirements for your facility)*

DIRECTIONS: Give detailed directions to your facility. Include State and Federal highway numbers using north, south, east or west also as much as possible. Please include basic contact instructions upon arrival at your facility. PLEASE DO NOT SEND INTERNET DIRECTION OR MAPS.