

	/ol :	•			
	ny (Shippe	er)			
Street A	ddress				
City					
State					
Zip					
Contact	Name				
Email					
Phone					
Fax Shipping Hours				Dock/RLDC#	
Snipping	g Hours			Dock/BLDG#	
	T	1			
Quantity	container capacity (gal/ltr)	Triple Rinsed(Y/N)	Product last contained (if triple rinsed not required)	container type: (jug/drum/ibc)	
Date shipr	nent will be	ready for picku	0		
			hereby certify that these containers are "RCR oved, no residue or heel.	A empty" according to 40 CFR	
Jnder rule	es of DOT, a	II IBCs closures r	nust be on the IBC, cap, valve, and fittings. IBC	Cs must be in reusable condition.	
			or products on the List of Lists by EPA must be		
			r in IBCs will be subject to \$15.00 per gallon o		
DY SIRIIINR	the below,	you agree with t	he above and our standard program rules list	ed at www.gpsrecycle.com.	
Signature				Date	
Email Form	n to:				
Email Forr	II LO:				