

PARTICIPANT REGISTRATION FORM

This is a free and confidential program designed to help you safely dispose of canceled, suspended, unwanted, and unlabeled pesticides from commercial applicators. There is no catch, no red tape; your name and the materials you bring in will not be disclosed. **NO ENFORCEMENT ACTION WILL BE TAKEN.** You may provide additional copies of this form if more space is needed; this information is required for participation in the disposal program. Please be as thorough as possible!

GENERAL INFORMATION

Company/Farm Name: _____

Mailing Address: _____

Point of Contact: _____

Telephone: _____

Fax: _____

Email: _____

Type of Participant: Certified Applicator

Certificate Number: _____

Business

GET License Number: _____

Pest Control Operator

Operator Number: _____

None of the above

(specify): _____

I hereby certify, as an authorized representative of the aforementioned company, that the information presented on this "Participant Registration Form" is true and accurate.

Name (print): _____

Title: _____

Signature: _____

Date: _____

Please list unwanted pesticides on the reverse side of this form.

If the item is unknown, list each item as "unknown" in the "Trade or Product Name" column.

**Complete and return this form by
Tuesday, March 03 by 4:30pm to:**

Name: EnviroServices & Training Center, LLC

Address: 505 Ward Ave., Suite 202

Honolulu, Hawaii 96814

Fax: 808-839-4455

Email: wm@gotoetc.com

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Please be sure to list all of the pesticides that are in need of disposal. Only the pesticides on this form will be eligible for disposal.

Item No.	Trade or Product Name (If unknown, please list as "unknown") Note: DO NOT MIX CHEMICALS	Active Ingredient (if known)	EPA Reg. No. (if known)	Type of Formulation (solid, liquid, gas)	Type of Container (metal, plastic, glass, cardboard)	Size of Container (NOT product amount)	No. of Containers	Approximate Amount of Waste (gal, lbs, fl oz)
	EXAMPLE: Sevin	Carbaryl	432-1227	liquid	plastic	1 gallon	3	13 lbs
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For Official Use Only – Do Not Write Below This Line

Item No. (list multiple)	Disposition	Total Weight	Total Weight over 250 lbs	Participant Quote Provided	Quote Accepted	Amount Due	Payment Method
				<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:		<input type="checkbox"/> Credit Card <input type="checkbox"/> Check (due upon delivery) <input type="checkbox"/> Net 30 days

Reviewed by: _____

