

**Application for Conditionally Exempt Small  
Quantity Generator Program (CESQG)**  
**Lake County Department of Public Works/ Solid Waste Division**

**I. GENERATOR INFORMATION**

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Business/Organization Name

\_\_\_\_\_  
Area Code & Phone #

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address (Street, Rural Route, Box #)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Business Address (Street, Rural Route, Box #)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Do you have an EPA identification number? Yes \_\_\_\_\_ No \_\_\_\_\_

EPA ID #: \_\_\_\_\_

**Please check type of business:**

- |   |   |
|---|---|
| <input type="checkbox"/> Autobody Repair/Detailing  | <input type="checkbox"/> Miscellaneous Contractor |
| <input type="checkbox"/> Automotive Repair          | <input type="checkbox"/> Paint Shop               |
| <input type="checkbox"/> Building/Condo Maintenance | <input type="checkbox"/> Painter Contractor       |
| <input type="checkbox"/> Cabinet Manufacturing      | <input type="checkbox"/> Photographic Laboratory  |
| <input type="checkbox"/> Laboratory                 | <input type="checkbox"/> Recreational Facility    |
| <input type="checkbox"/> Medical/Dental Office      | <input type="checkbox"/> Veterinarian Office      |
| <input type="checkbox"/> Metal Manufacturing        | <input type="checkbox"/> Other _____              |

**II. GENERATOR CERTIFICATION**

This program is only for **Conditionally Exempt Small Quantity Generators (CESQGs)** who have generated no more than 100 kilograms (220 pounds) of hazardous waste or less than 1 kilogram of an acute hazardous waste in a calendar month. Generators must also never exceed accumulation of more than 1000 kilograms (2000 pounds) of hazardous waste at any time. By signing and notarizing this statement, I certify that:

\_\_\_\_\_  
Legal Business/Organization Name)

Is a CESQG as defined by §261.5 and can legally participate in this program according to all Federal, State and local regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_  
Notary Commission Expiration: \_\_\_\_\_

\_\_\_\_\_  
Personally known  
\_\_\_\_\_  
Produced ID \_\_\_\_\_

(stamp)

**Please return or mail to:**

Lake County Dept. of Public Works/ Solid Waste Division  
Attention: Hazardous Waste Section  
P. O. Box 7800  
Tavares, FL 32778      O (352) 343-3776; Fax : (352) 253-1695