OMB# 2050-	0024:	Expires	05/31	/2020
CIVID# EUUU-	OULT.		00/01	,

EPA ID Number						

ADDENDUM TO THE SITE IDENTIFICATION FORM: LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE



ONLY fill out this form if:

• You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

VSQG 1						
1. EPA ID Number (if assigned)	2. Name					
3. Street Address						
4. City, Town, or Village	5. State 6. Zip Code					
7. Contact Phone Number	8. Contact Name					
9. Email						
VSQG 2						
1. EPA ID Number (if assigned)	2. Name					
3. Street Address						
4. City, Town, or Village	5. State 6. Zip Code					
7. Contact Phone Number	8. Contact Name					
9. Email						
VSQG 3						
1. EPA ID Number (if assigned)	2. Name					
3. Street Address						
4. City, Town, or Village	5. State 6. Zip Code					
7. Contact Phone Number	8. Contact Name					
9. Email	1					