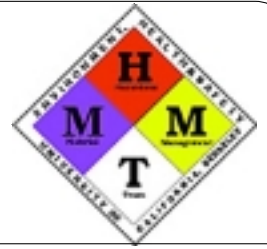


University of California, Berkeley
OFFICE OF ENVIRONMENT, HEALTH & SAFETY



Chemical Waste Recharge Authorization

This form authorizes EH&S to recharge the account specified below whenever a department representative signs a Materials Packing List (MPL), or whenever a Hazardous Materials Management Team member completes and signs an MPL for routine bulk material pick-ups (i.e., oil, photographic waste, etc.). To establish your Chemical Waste Disposal Account, complete this form, obtain an authorized signature, and send the form to:

EH&S, Hazardous Materials Management Team, 317 University Hall, MC 1150 ; or fax it to (510) 643-7595.

The account will be activated within one working day of receipt. Your account will be debited automatically after unwanted materials are picked up. You will receive a monthly invoice — sent to the “Billing Address” (below).

For more information on the program, including the current pick-up and disposal rates, see the [Fact Sheet](#), “Chemical Waste Recharge Program”, on the EH&S Website at <http://www.ehs.berkeley.edu>.

Call (510) 642-8152 with any questions about this form or about your account.



Department:	Project, if applicable:
-------------	-------------------------

Account Holder / P.I. Name (please print):	E-Mail Address:	Phone:

Contact (Person for EH&S to contact with questions- fill out if different than account holder):	E-Mail Address:	Phone:

() = number of digits

Business Unit (1)	BFS Account (5)	BFS Fund (5)	Organization Code (5)	Program Code (2)
	56629			
Project ID optional (6)	Flex Field optional (5)	Speed Type optional (10)		

(Please notify EH&S of any changes to your accounts.)

Fund Source (Check One)	Research	Instruction	Administration	Self Support	This is a	<input type="checkbox"/> new account
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> changed to an existing account

Billing Address (for Invoices) <i>(Fill out if different than account holder/PI)</i>	Mail Code:	Department:
	Name:	Address:

Signature to Authorize Account:	Date:
--	--------------

EH&S Use Only

Date Rec: _____ Date Entered: _____ By: _____