



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, 2111 Bancroft Way, 4th Floor, 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 www.ehs.berkeley.edu.

Call (510) 642-6557 with any questions about this form or about your account.



Department:	Project, if applicable:
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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)
<input style="width:50px" type="text"/>	<input style="width:100px" type="text" value="59009"/>	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	<input style="width:50px" type="text"/>
Project ID <i>optional</i> (6)	Flex Field <i>optional</i> (5)	Speed Type <i>optional</i> (10)		
<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>	<input style="width:200px" type="text"/>		

(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"/> changed to an existing account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

Signature to Authorize Account:	Date:
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EH&S Use Only

Date Rec: _____ Date Entered: _____ By: _____