



**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 [www.ehs.berkeley.edu](http://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)
	59009			
Project ID <i>optional</i> (6)	Flex Field <i>optional</i> (5)	Speed Type <i>optional</i> (10)		

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

Fund Source <b>(Check One)</b>	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"/>		

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

<b>Signature to Authorize Account:</b>	<b>Date:</b>

**EH&S Use Only**

Date Rec: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By: \_\_\_\_\_