

Waste Aerosol Can Processing CUPA Notification Form

I.	Facility/Bus	acility/Business Information				
FA	CUPA ID#	Facility Name				
Facility Address						
City			CA	Zip Code		
Contact Name			Contact Phone			
II.	Description of the waste aerosol can processing procedure- Include a description of the equipment used in the treatment process, estimated quantities of waste aerosol cans to be processed monthly, and a brief description of the treatment process.					
III.	Description	of the char	notoris	tics and management of any hozardou	a waata	
111.	Description of the characteristics and management of any hazardous waste generated from the waste aerosol can processing procedure.					
IV.	Signature					
	I certify under penalty of law that the information submitted is accurate and complete to the best of my knowledge.					
Signature	e of owner or tank facil	lity operator		Print name of owner or tank facility operator	Date (mm/dd/yyyy)	