

**DHEC**

**Registration Application: Used Oil Collection Center and Aggregation Point**

Check One: New \_\_\_\_\_ Renewal \_\_\_\_\_

Check all that apply:  
Collection Facility \_\_\_\_\_  
Aggregation Point \_\_\_\_\_

\_\_\_\_\_

Owner/Operator:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Tax Payer ID #: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If Different) \_\_\_\_\_

\_\_\_\_\_

Location: (Attach additional sheets as necessary.)  
Site Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_

Number of Tanks: \_\_\_\_\_ Total Capacity of Tanks: \_\_\_\_\_

Transporter  
Name and Address: \_\_\_\_\_

EPA ID #: \_\_\_\_\_

\_\_\_\_\_

I hereby certify (or declare) that all information submitted in conjunction with this Registration is true to the best of my knowledge and that I am authorized to sign official documents for the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name and Title: \_\_\_\_\_

Changes to any of this information requires this application to be updated. Maintain a copy of this for your records. Submit the original to:  
SCDHEC  
Division of Mining and Solid Waste Management  
2600 Bull Street  
Columbia, SC 29201