

E.P.A. FORM

I, the undersigned do state that E.P.A.
and D.E.N.R. regulations as to all
controlled substances have been
removed and properly disposed of.

(Please Print)

Article:

Name of Owner:

Address:

Phone:

Serial Number (if possible) :

Date:

Signature:

IF POSSIBLE, PLEASE ATTACH THIS FORM
TO THE UNIT BEING DISPOSED OF.