

**Fairfax County Government Conditionally Exempt Small Quantity Generator  
(CESQG) Participation Form and Affidavit**

I, \_\_\_\_\_, certify that I am the owner, generator, acting agent, or authorized person for \_\_\_\_\_ (the Business) and that I have the authority to sign agreements and bind the Business. I declare that the Business is located within Fairfax County, Virginia. I also certify that the Business meets all conditions of a Conditionally Exempt Small Quantity Generator (CESQG) as defined by the Commonwealth of Virginia (9VAC20-261) and the United States Government (40 C.F.R. 261.5).

I certify that the Business generates: (check one)

less than 100 kilograms (220.46 pounds) of hazardous waste per calendar month; or

less than 1 kilogram (2.2 pounds) of acutely toxic ("P" – listed) waste per calendar month.

I further certify that I have calculated the hazardous waste generated by the Business according to 40 C.F.R. § 261.5 (2016).

I agree to the terms and conditions set forth by Fairfax County in order to participate in the CESQG program, including (1) providing proof (in the form of a business, personal property, state, or county license) that the business is located in Fairfax County; (2) reading the Business Hazardous Waste Disposal Program CESQG Schedule & Guidelines; and (3) paying any applicable fees.

Failure to meet the conditions of a CESQG as defined by the Commonwealth of Virginia (9VAC20-261) and the United States Government (40 C.F.R. 261.5) or any violation of the terms or conditions of this Form will result in immediate termination of the Business from participation in the CESQG program, in addition to any other fines, penalties or legal action brought by the state or federal government.



I declare and affirm that to the best of my knowledge, information, and belief, all matters and facts in this form, including Appendix A, are true and correct and that no false or misleading information has been provided.

By. \_\_\_\_\_ (signature)

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

Title: \_\_\_\_\_

COMMONWEALTH OF VIRGINIA

COUNTY OF FAIRFAX

The foregoing Waiver of Liability Participation Form and Affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ on behalf of

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Notary Seal

**Submit Registration Form To:**

Fairfax County Government I-66 Transfer Station (Household Hazardous Waste)

4618 West Ox Road Fairfax, VA 22030

Email: [Daniel.brooks@fairfaxcounty.gov](mailto:Daniel.brooks@fairfaxcounty.gov)

Office: (703) 803-9614 or (703) 803-6158



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To obtain this information in an alternate format, call (703-803-9614 or 703-803-6158), TTY 711.

**Participation Form Approval Signature Authorization:**

**Name:** Daniel Brooks (Signature) x \_\_\_\_\_

**Date:** \_\_\_\_\_



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## Appendix A

### Business Registration Information:

Business Name:

Business Address:

Contact Number:

Email Address:

### Business Structure – Check One

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business Trust      | <input type="checkbox"/> Limited Liability Corporation (LLC) | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Partnership       | <input type="checkbox"/> Non-Profit          |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other: _____        |  |  |

### Type of Business/Agency/Organization (Please check):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Automotive / Bodywork      | <input type="checkbox"/> Landscaping             | <input type="checkbox"/> Photo Laboratory                  |
| <input type="checkbox"/> Dry Cleaning               | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Property Management               |
| <input type="checkbox"/> Exterminators              | <input type="checkbox"/> Medical /Dental         | <input type="checkbox"/> Printing / Publishing             |
| <input type="checkbox"/> Government/Public Agency   | <input type="checkbox"/> Landscaping             | <input type="checkbox"/> Research / Laboratory             |
| <input type="checkbox"/> Home Improvement           | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> School / Institution / University |
| <input type="checkbox"/> Heating/Air Conditioning   | <input type="checkbox"/> Nurseries               | <input type="checkbox"/> Wood Working / Carpentry          |
| <input type="checkbox"/> Home / Building Contractor | <input type="checkbox"/> Painting                | <input type="checkbox"/> Worship (Religious Affiliations)  |

*\*Note: Places of Worship (Religious Affiliations) include basilicas, churches, convents, missions, monasteries, mosques, and temples).*

Other: \_\_\_\_\_



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