

Fairfax County Government Very Small Quantity Generator (VSQG) 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 provisions of a Very Small Quantity Generator (VSQG) as defined by the Commonwealth of Virginia (9VAC-20-60-261) established under the Virginia Hazardous Waste Management Regulations (VHWMR) and the United States Government federal statutes (40 C.F.R. 262.14).

I certify that the Business generates: (Check Both)

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

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. § 262.14 (2018).

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

Failure to meet the conditions of a VSQG as defined by the Commonwealth of Virginia (9VAC20-261) and the United States Government (40 C.F.R. 262.14) or any violation of the terms or conditions of this Form will result in immediate termination of the Business from participation in the VSQG program, in addition to any other fines, penalties or legal action brought by the state or federal government.



Fairfax County Government | Revised: 12/31/2024



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: Benjamin.Crouch@fairfaxcounty.gov

Office: (703) 438-5080



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Participation Form Approval Signature Authorization:

Name: Benjamin Crouch (Signature) x _____

Date: _____



Appendix A

Business Registration Information:

Business Name:

Business Address:

Contact Number:

Email Address:

Business Structure – Check One

- Business Trust Limited Liability Corporation (LLC) Limited Partnership
- Corporation Limited Liability Partnership Non-Profit
- General Partnership Limited Liability Partnership (LLP) Sole Proprietorship
- Other: _____

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

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

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

Other: _____

