



## Pesticide Container Recycling Scheduling Form

**P.O. Box 265 . Buttonwillow . CA 93206**

**Tel: 661-764-9614 . Fax: 661-764-5852**

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Indicate size of storage space or number of cotton trailer(s) holding containers, or by number of containers generated.

Storage Space Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Number of Cotton Trailer(s): \_\_\_\_\_

Number of containers generated:

Number of Containers

- 1 Quart: \_\_\_\_\_
- 1 Gallon: \_\_\_\_\_
- 2½Gallon: \_\_\_\_\_
- 5 Gallon: \_\_\_\_\_
- 15 Gallon: \_\_\_\_\_
- 30 Gallon: \_\_\_\_\_
- 35 Gallon: \_\_\_\_\_
- 55 Gallon: \_\_\_\_\_

I acknowledge that the containers have been triple rinsed according to the ANSA/ASABE S 596 Standards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_