



# RETURN SHIPMENT AUTHORIZATION FORM

To authorize a return shipment, FAX COMPLETED FORM TO VEOLIA AT (920) 757-5485 or email completed form to [Pak.TS@veolia.com](mailto:Pak.TS@veolia.com). Veolia will process your request and return this form AUTHORIZED with a return-shipping label. PLACE THE AUTHORIZED FORM INSIDE RETURN SHIPPING BOX PRIOR TO SHIPPING THE CONTAINER. FAILURE TO DO SO WILL RESULT IN VIOLATION OF ENVIRONMENTAL REGULATIONS.

## Generator Information

Enter the generator information in this section as it should appear on the FedEx Ground return-shipping label.

Unique Container Number			
Company Name:			
Site Address:			
City, State, Zip:			
Contact:		Phone:	
Email:			
EPA ID# (If Applicable):			

## Generator Certifications

The generator of the pharmaceutical waste or a duly authorized representative of the owner must sign this section.

I certify that I am currently knowledgeable of the hazardous waste regulations as they pertain to my business and certify that the site listed above meets the definition of a conditionally exempt small quantity generator (also referred to as a very small quantity generator in some states) of hazardous waste as defined in 40 CFR 261.5 and applicable state regulations. I certify that the ReturnPak Pharmaceutical Kit has been packaged in accordance with the terms and conditions and only contains those items listed as allowable material and the inclusion of items identified as non-conforming materials will be subject to surcharges and potential rejection of the material back to the generating site listed above. All items contained within the ReturnPak Pharmaceuticals kit meet the definition of a hazardous material are packaged in containers meeting the requirements for the packaging of limited quantities as specified by the US DOT in 49 CFR 173. All information submitted in this contains true and accurate descriptions of this waste. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

Generator Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**RETURN AUTHORIZATION. VEOLIA INTERNAL USE ONLY. DO NOT WRITE IN THIS BOX.**

FedEx Tracking#:		Unique Container Number:	
Return Shipment Request ID:		Date Processed:	
Date Waste Received:		Received Weight:	
Internal WEX#			
Profile #:			

**Retain a copy of this form for your records.**