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. 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 MAY RESULT IN VIOLATION OF DEA REGULATIONS.

Unique Container Number : (Veolia Use Only)		**Sales Order #: (Veolia Use Only)**	

Supplier (Generator) Information

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

Company Name:			
Site Address:			
City, State, Zip:			
Contact:		**Phone:**	
E-mail:			
Supplier's DEA Registration No.:	_____ **Attach a copy of your registration certification to this Form.**		

Supplier Certifications

The supplier (generator) of the pharmaceutical waste must sign this section.

I certify that I am the one (1) DEA registrant of the controlled substance drugs listed on the attached "DEA Controlled Substances for Destruction Inventory Form". A complete "DEA Controlled Substances for Destruction Inventory Form" (Form), including a listing of all the DEA Schedule II-V drugs must be received prior to shipment of waste to Veolia. I certify the ReturnPak® Pharmaceutical Kit does not contain drugs from multiple DEA registrants that are located in the same office/practice. I certify I am currently knowledgeable of the hazardous waste regulations as they pertain to my business and certify that the contents of the described on the Form do not contain hazardous wastes as defined in 40 CFR 262.11 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 meeting 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 supplier has been disclosed.

Supplier Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

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RETURN AUTHORIZATION. VEOLIA INTERNAL USE ONLY. DO NOT WRITE IN THIS BOX.			
FedEx Tracking#:		**Name and Address of Registrant (Purchaser):** **Veolia ES Technical Solutions, L.L.C.** **7665 Highway 73** **Port Arthur, TX 77640**	
Return Shipment Request ID:		**Date Processed:**	
Date Waste Received:		**Received Weight:**	
DEA Form 222 No:			**Registrant's DEA Number:** **RV0495588**
WIP #:			**Approval Code:**

Retain a copy of this form for your records