



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Inventory Identification Number Application

You may complete this form manually. **PLEASE PRINT LEGIBLY.** You may also complete this form in Acrobat, save a copy locally, print it, sign it, and submit:

By mail to:

Illinois EPA
Division of Records Management #16
2520 West Iles Avenue
P.O. Box 19276
Springfield, IL 62794-9276

By fax to:

(217) 782-9290

For Agency Use Only

Inventory ID # Issued: _____

Instructions: An Illinois Inventory ID number is required under 35 Ill. Adm. Section 855.104. Information provided on this application form will be entered into the Illinois EPA's inventory computer system. Illinois Inventory ID numbers are assigned to a specific location address and not to the facility. A separate application is required for each location. Once an inventory number is assigned to a location, it will remain in the inventory system indefinitely. Please notify the Division of Records Management if there is a name change for the location address. Applications which are incomplete or are completed inaccurately will be rejected. To avoid delays or a rejected application, please read the instructions carefully.

Please exclude punctuation when completing this form. Limit information to the amount of blanks provided or we will have to abbreviate for you. The information will be entered into the Agency's computer inventory system exactly as you provide it.

IEMA Incident # (if applicable): _____ NAICS Code: _____

Location Information (Exact street location where waste is generated; no PO Box will be accepted.)

Company Name: _____ County: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____
Email Address: _____

Mailing Address (If same as above, leave blank.)

Company Name: _____
Street Address: _____ PO Box: _____
City: _____ State: _____ Zip: _____

Return Address (Indicate the location to which this form should be returned.)

Company Name: _____
Street Address: _____ PO Box: _____
City: _____ State: _____ Zip: _____

Authorization Statement: I authorize this request for assignment of an Illinois Inventory ID Number. This company has not previously shipped waste from this location under this Illinois Manifest System. If my waste is RCRA hazardous waste, I certify this company has, or has applied for, a USEPA generator ID Number.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Signature of Authorized Representative

Date

Digital Signature

Additional Instructions

The area at the top right of this application is for Agency use only; please do not write in this space. The number that is assigned to your location will appear in this space when your application is processed.

- **IEMA Incident Number (if applicable):** Provide the Illinois Emergency Management Agency (IEMA) Incident number on this line.
- **NAICS Code(s):** Provide the North American Industrial Classification System (NAICS) Code(s) that best describe the principal product or services rendered at this location.
- **Company Name:** Provide the official Company Name on this line.
- **Location Information:** Provide the company address, city, state, and zip code, along with the name of the contact, and that person's phone number and email address.
- **Mailing Address (if applicable):** Provide the mailing address, city, state, and zip code, if applicable. Otherwise, leave these lines blank.
- **Return Address:** Provide the return address for this application.
- **Authorization Statement:** After completing this form, read the certification statement, sign and date.

Return Completed Form by FAX to:

(217) 782-9290

Division of Records Management #16

(FAXES are preferred)

Or mail completed form to:

Illinois EPA

Division of Records Management #16

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