



**Universal Waste Recycling Request Form**  
**Complete and fax to: 603-378-0816 or email to sales@encorecycles.com**

<b>Generator:</b> Company: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail: _____	<b>Bill To:</b> Company: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail: _____ Purchase Order #: _____
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	# of Containers	Total Quantity
<b><u>Lamps</u></b>		
<b>Fluorecents</b>		
4 ft Straight Fluorescent Lamps	_____	_____ /lamps
8 ft Straight Fluorescent Lamps	_____	_____ /lamps
<b>U-Tubes &amp; Circular Fluorecents</b>	_____	_____ /lamps
<b>Compact Fluorecents</b>	_____	_____ /lamps
<b>HIDs, Mercury Vapor, High Pressure Sodium</b>	_____	_____ /lamps
<b>Incandescent &amp; Halogen UV, Arc &amp; Low Pressure Sodium</b>	_____	_____ /lamps
<b><u>Ballasts</u></b>		
PCB Fluorescent Lamp Ballasts	_____	_____ /lbs
Non-PCB Fluorescent Lamp Ballasts	_____	_____ /lbs
<b><u>Batteries</u></b>		
<b>Category 1</b> (Lead Acid)	_____	_____ /lbs
<b>Category 2</b> (Alkaline, NiCad, Non-Mercury Carbon Zinc, Nickel, Iron, Nickel Metal Hydride, Lithium Ion)	_____	_____ /lbs
<b>Category 3</b> (Mercury Bearing, Carbon Zinc, Button Cell, Silver Oxide)	_____	_____ /lbs
<b><u>Solids, Devices, Debris &amp; Apparatus Containing Mercury</u></b> (Thermometers, manometers, thermostats, regulators)		
2/5/10-gallon pails	_____	_____ /pails
30/55-gallon drums	_____	_____ /drums

<b><u>Transportation Requirements, Check All That Apply:</u></b>  <input type="checkbox"/> Truck with a lift gate is required to pick up material. <input type="checkbox"/> Forklift available for loading the material onto truck. <input type="checkbox"/> Material is stored on the loading dock. <input type="checkbox"/> Material will need to be manually loaded onto truck. <input type="checkbox"/> Are there height and/or length restrictions at dock. <input type="checkbox"/> Full-size tractor-trailer can fit into the loading dock.	Available loading hours: _____ am/pm to _____ am/pm  Point of contact: _____  Telephone: _____
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