CORPORATE OFFICE 49 Sherwood Drive, Suite A Lake Bluff, Illinois 60044



FOR SERVICES RENDERED AT 22100 S. Central Avenue Richton Park, Illinois 60471

OFFICE 224.212.1250 • www.SEXTONRECYCLING.com • 224.212.1260 FAX

Supplier/Generator Training Acknowledgement

I certify that I have fully read and understand the "<u>Asphalt Shingle Recycling Training for Post-Consumer</u> <u>Suppliers/Generators</u>". As a supplier/generator who is delivering or having delivered asphalt roofing shingles to the Sexton Properties R.P. recycling facility, I hereby certify that I will follow the guidelines and requirements as set forth in the training program to the best of my ability. I further certify that I am responsible for the material I bring to the site, and that my failure to comply with the applicable laws, rules, policies, and procedures referenced within the training program may result in fees, fines, rejection of loads, restricted entry, and/or further action with local authorities as deemed necessary.

Printed Name (Must be Owner or Authorized Agent) Title		
Company		Phone		Fax
Address, City, State, Zip				
Email				
Please Identify Type of Su	upplier:			
 General contractor Permitted C&D facility 	 Roofing contractor Permitted Landfill 	□ Homebuilder □Other	Homeowner	
	Sou	rce Certification Forr	n	

As a supplier/generator of post-consumer shingles, I certify that:

1. I am an Owner or Authorized Agent of the company/location stated above.

2. That in said capacity, I have reviewed and understand the training as acknowledged above.

3. The characteristics and method of generation of the shingles include the following:

a) All *Post-Consumer (Tear-off)* asphalt shingle scrap brought to the facility comes from residential buildings having four or fewer dwelling units, and are not "regulated facilities" according to state and federal NESHAP 40 CFR Part 61, Subpart M.

b) The shingles are not from a whole house demolition

c) The shingles are collected separately from other general construction and demolition debris at the source.

Signature:	Title:	Date:

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