



Solid Waste and Compliance, 280 South Decatur Boulevard, Las Vegas, NV 89107 – (702) 759-0600, option 7

Category II Permit Annual Self Reporting Affidavit

Type or print clearly - Incomplete Reports shall be denied

To be completed by all Category II permitted facilities

This form applies solely to facilities which have been approved for Category II Restricted Waste Management permits and must be completed and received no later than December 1st of each calendar year. **Category II permit status may be revoked** if self reporting affidavit is not received. Contact Southern Nevada Health District's Solid Waste and Compliance Section if you would like to apply for Category II Restricted Waste status.

I. Facility Information:			
Name of Facility:			
Owner of Facility:			
Contact Person at Location: (Name and Phone Number):		Phone #:	
Hours of Operation:			
SNHD Permit Number:		EPA ID Number (if applicable):	
II. Physical Address of Facility Generating Restricted Waste:			
Street No:		Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>	
Street Name:		Street type:	
City:	State: Nevada	Zip Code:	
Phone Number at Location:		Contact Person:	
Additional space for address: (Note if inside of casino, strip mall, etc):			
III. Owner Information (List Corporation, LLC, Partnership, or Sole Proprietor Name):			
Owner Name:		(Check one)	
Individual Owner Name:		Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Owner Address:			
Street No:		Dir: (check) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>	
Street Name:		Street types:	
City:	State:	Zip:	
Phone #:			
Additional information:			
IV. Restricted Waste Reporting (attach any applicable waste manifests with this form)			

Type of Restricted Waste	Restricted Waste Hauler	Volume or Weight	Date of Shipment	If No Shipment, Estimated Volume Generated

V. Applicant (Authorized Representative)

The applicant acknowledges that they are responsible for the proper storage, disposal and safe operation of all Restricted Waste generated at the facility named herein, and agrees to operate such facility in accordance with all laws and regulations pertaining thereto. A copy of applicable regulations can be found at <https://www.southernnevadahealthdistrict.org/solid-waste/regulations>.

Print name and job title:			
Signature		Date:	

THE ACCEPTANCE OF THIS REPORT BY SOUTHERN NEVADA HEALTH DISTRICT DOES NOT CONSTITUTE APPROVAL.
 ALL SELF-REPORT AFFDAVITS ARE SUBJECT TO REVIEW AND INSPECTION BY THE SOLID WASTE AND COMPLIANCE SECTION.
 SELF-REPORTING AFFDAVIT MAY BE SUBMITTED BY MAIL, EMAIL OR FAX.

Mailing address:
 Southern Nevada Health District
 Solid Waste and Compliance Section
 PO BOX 3902
 Las Vegas, Nevada 89127

EMAIL: RWMI@snhdmail.org

FAX: (702) 759-1427