



Catalyst Information Sheet

Please complete as many questions as possible and return with your samples. This will enable us to better serve you.

Company Name: _____

Address: (Physical): _____

(Mailing): _____

Contact: _____

Phone: _____ Fax: _____ E-Mail: _____

Catalyst Type: NiMo _____ (Mfg spec #) CoMo _____ (Mfg spec #) Ni _____ (Mfg spec #) Other (specify: _____) (Mfg spec #)

RCRA Haz. RCRA non-hazardous

If RCRA Hazardous: Via TCLP test? Via Process Knowledge?
 (please provide copies of TCLP test results)

EPA ID# (D-XXX) D- _____ D- _____ K- _____ K- _____

DOT Classification: (UN/NA #) _____

Unit Name/Number _____ Date Changed _____ Previous Changeout: _____

Anticipated Date of Shipment to GCMC: _____

Will a NESHAP Notice be required? _____

Quantity: (Estimated pounds) _____

	<u>Quantity</u>
Packaging: Flo-bins	_____ (Please indicate where bins are to be returned)
Drums	_____
Bulk	_____
Other	_____

Please mark all containers (bins/drums) so that they correspond to sample names/labels.
 Please send a minimum 1-pint representative sample from each unit to:

Gulf Chemical & Metallurgical Corporation

302 Midway Road
 Freeport, TX 77541

Attn: Lenora Fanuiel

Phone: (979)233-7882 ☒ Fax: (979)233-7171 ☒ E-Mail: lfanuiel@gulfchem.com

Signature: _____ Date: _____