



## Supplier Qualification

Instructions: Complete all information in the space provided and email form to [purchasing@usecology.com](mailto:purchasing@usecology.com)

### Supplier Information

Name:

Address 1:

Address 2:

City:

Country:

State/  
Province:  Zip/  
Postal Code:

### Contact Info

Supplier Contact:

Contact Email:

Supplier Phone:

Supplier Fax:

### Remit To Information

Check box if remit to is the same as supplier information

Name:

Address 1:

Address 2:

City:

Country:

State/  
Province:  Zip/  
Postal Code:

*The electronic version of this document is the controlled version. Each user is responsible for ensuring that any document being used is the current version.*

## Select one or more primary products/services

Select the appropriate link below for USE terms and conditions and a sample certificate of insurance with USE's minimum coverage requirements (if applicable) and return with this form.

- |   |  |
|---|--|
| <input type="checkbox"/> Goods <a href="#">Terms</a>  | <input type="checkbox"/> Disposal Facility <a href="#">Terms Sample COI</a>  |
| <input type="checkbox"/> Services (incl. non waste hauler) <a href="#">Terms Sample COI</a> | <input type="checkbox"/> Consultant <a href="#">Terms Sample COI</a>         |
| <input type="checkbox"/> Haz-Waste Transporter <a href="#">Terms Sample COI</a>             | <input type="checkbox"/> Contractor <a href="#">Terms Sample COI</a>         |
| <input type="checkbox"/> Non Haz-Waste Transporter <a href="#">Terms Sample COI</a>         | <input type="checkbox"/> Subcontractor <a href="#">Terms Sample COI</a>      |
| <input type="checkbox"/> Recycler <a href="#">Terms Sample COI</a>                          | <input type="checkbox"/> Temporary Services <a href="#">Terms Sample COI</a> |

## Insurance Requirements

Will you perform work on site?  Yes  No

An ACORD certificate of insurance is required. See above for sample cert# w/ minimum coverage requirements (available on website) and submit certificate with supplier information form.

## Tax Data for Suppliers Inside the US

Select Appropriate Box

Individual/Sole Proprietor  Corporation  Partnership

Other:

Federal Tax ID:

SSN:

Name Related to SSN:

Please submit W-9 with this form – [click here for form](#).

## Tax Data for Suppliers Outside the US

Will you be performing any services in the US for US Ecology?  Yes  No

If 'Yes' please provide form W-8BEN-E or other documentation regarding US withholding – [click here for form](#)

Company Registration #/EIN:

VAT Reg. No.

PST (Provincial Sales Tax):

GST (Goods & Services Tax):

HST (Harmonized Sales Tax):

Currency:

USD

CAD

MXN

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## Diversity Information

Business Type:  MBE  WBE  VETERAN  DISABLED  SMALL BUSINESS  OTHER

Certificate#:  Expires:

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If the parties have signed a contract which includes negotiated Terms & Conditions of Purchase, the parties agree that all purchases made by US Ecology shall be governed by that contract. If there is no such contract, or it has expired, the Supplier agrees that by completing and submitting this Supplier Information, US Ecology's Terms & Conditions of Purchase shall apply to all purchases made by US Ecology. Terms & Conditions can be found at [www.usecology.com](http://www.usecology.com). By signing below you confirm the information provided in this form is true to the best of your knowledge, and further confirm that you have reviewed and will comply with US Ecology's Human Rights Commitment Statement found at [Human Rights](#).

I Agree

I Disagree and will contact a USE buyer for further assistance

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions please contact USE Purchasing department at [purchasing@usecology.com](mailto:purchasing@usecology.com)

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### OFFICE USE ONLY

New Vendor  
Approved TSD  
Critical Supplier

Reinstate vendor  
Approved Transporter

| Financial System | Vendor Number | Date | Entered by: (USE associate) |
|------------------|---------------|------|-----------------------------|
|                  |               |      |                             |