



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Required by Federal Rules at 40 CFR Part 441

Please answer all questions and use additional pages if needed. A completed report is required for each location. There is no fee. Contact the Pretreatment Coordinator at (360) 993-8833 with questions.

Keep a copy of the completed report for your records, and send the signed original to:

Alliance Pretreatment Coordinator
 PO Box 8979
 Vancouver, WA 98668

General Information

Name of Facility			
Physical Address of Dental Facility			
City:		State:	
Zip:			
Mailing Address (if different)			
City:		State:	
Zip:			
Facility Contact			
Phone:		Email:	
Names of Owner(s):			
Names of other / additional Dentist(s):			

Applicability: Please Select One or The Other:

<input type="checkbox"/>	This dental facility is a dental discharger subject to this rule (40 CFR Part 441), and it places or removes dental amalgam. <i>(Complete sections A, B, C, D, and E)</i>
<input type="checkbox"/>	This dental facility does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>(Complete section E only)</i>
Type of report: New facility, Transfer of Ownership, or Existing Facility – Select One (§ 441.50)	
<input type="checkbox"/>	This facility is submitting this Compliance Report because it began business after July 14, 2017.
<input type="checkbox"/>	This facility is submitting this Compliance Report because it changed owners after July 14, 2017.
<input type="checkbox"/>	This facility is submitting this Compliance Report in compliance with the October 12, 2020, deadline.

