

SECURE Application Form (SAF)

Customer (Generator) Information Customer (Generator) Full Legal Name: Cell: Generator's Mailing Address: Phone: Fax: Generator's Representative's Name: Email: **Third Party Company Representative Information** Third Party's Full Legal Name: Phone: Third Party's Mailing Address: Cell: Third Party's Representative's Name: Email: **Customer Billing Information** Full Name of Company Being Billed To: Phone: Billing Address: Fax: Billing Contact: Email: P.O. #: AFE: EDI Code: Field Signatory Name: Cell: Fax: Phone: Email: Secondary Signatory Name: Fax: Phone: Cell: Email: **Trucking Company Information** Trucking Company/Contact/Phone: **Product Destination Information** (Refer to the province specific Solid Waste Acceptance Protocol for the analytical requirements) Partnered Facilities: **British Columbia:** Alberta: Saskatchewan: ☐ Fox Creek East Landfill ☐ Marshall Landfill ☐ Northern Rockies ☐ Medicine Hat Landfill ☐Janvier Landfill ☐ East Peace Landfill ☐ Pembina Landfill ☐ Pincher Creek Landfill ☐ Saddle Hills Landfill ☐ Swift Current Landfill ☐ Tulliby Lake Landfill ☐ Virden Landfill ☐ Willesden Green Landfill UWI/LSD Product is Received From: DOWNHOLE: SURFACE: DRILL RIG #: Sources – In Province? ☐ Yes Source: ☐ Single ☐ Multiple Is this a multi-well pad? ☐ Yes ☐ No \square No

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Waste Stream Information

waste Stream	n information									
Waste Descri	ption:									
Waste Gener	ating Process:									
	in generating pro arate sheet if red									
Estimated Vo	lume:		Tonnes:				M ³ :			
Shipping Mode:			☐ Bulk	□ Bag	□Other (Describe):					
Frequency:			☐ One-Tim	пе	☐ Weekly		☐ Monthly		☐ Annually	
Recommended PPE & Special Handling Instructions:										
Properties of	Concern									
Does the Was	ste Contain:									
PCB:	□Yes	□No		NORM:	□Yes	□No		Metals:	□Yes	□No
EOX:	□Yes	□No		Sulphur:	□Yes	□No		Asbestos:	□Yes	□No
List any other significant properties of concern:										
Attachments	:									
□Supporting Analytical Supporting Analytical ID #:										
Generator's Certification										
I understand that it is the responsibility of the Generator or Generator's Authorized Representative to determine the characteristics of the Waste material and its proper classification. I hereby certify that the Waste material complies with all federal, provincial and local laws and regulatory criteria, and is acceptable material for landfill at the above selected SECURE landfill. Additionally, I hereby indemnify SECURE and save it harmless from and against any claims, actions, damages, liabilities and expenses including lawyers and other professional fees, in connection with the loss or injury whatsoever arising from or out of any inaccuracy or untruthfulness in the information provided herein. I further agree that this Generator's Certification section shall survive the expiry or termination of any Agreements entered into between SECURE and the Generator.										
Generator or Generator's Authorized Representative Signature										

Facility Contact Information

Authorized Signature:

Print Name:

Title/Position:

Please email your completed SAF, along with accompanying documents to the applicable landfill email address:

ed Facilities:
e Hat Landfill (306-672-3300) ehatlfadmin@secure.ca
ace Landfill (780-624-4182) celfadmin@secure.ca
Creek Landfill (403-628-3849) creeklfadmin@secure.ca
rrent Landfill (306-672-3300) rentlfadmin@secure.ca
andfill (204-748-6033) admin@secure.ca
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Date: