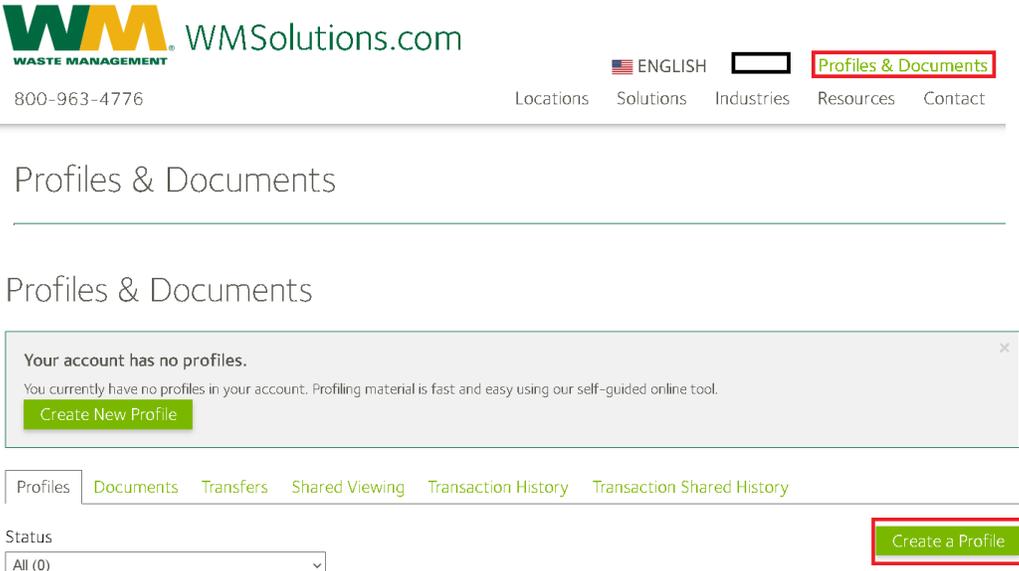
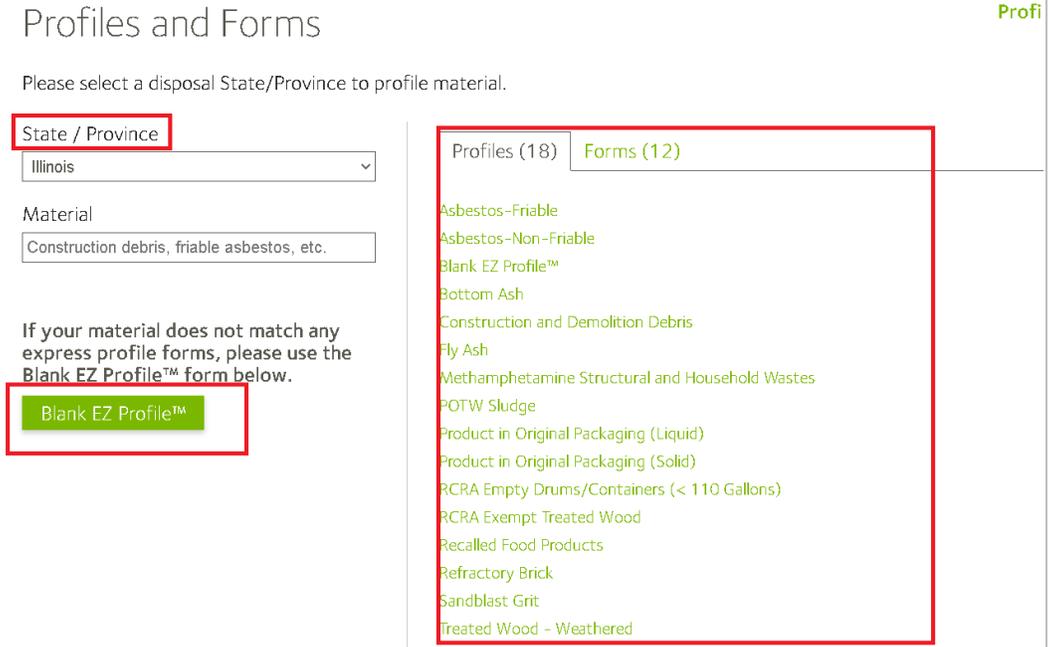


WMSolutions – How to Create a Profile

Use these instructions to electronically create a profile. Starting from www.wmsolutions.com Profiles and Documents page (homepage):

Action	Screen Image
<ol style="list-style-type: none"> 1. Login to your www.wmsolutions.com account with your username and password 2. Click on Profiles & Documents 3. Select Create a Profile 	
<ol style="list-style-type: none"> 4. On the profiles and forms page, select the disposal state from the drop-down box. 5. Review list under Profiles to see if your waste matches any of the prefilled forms. If it does, click on the form. If they do not, choose Blank EZ Profile. 	

6. A drop-down box will appear, click on the green box to Fill Online.

Fill Online/Print PDF ✕

Select if you would like to download the PDF or utilize the Fill-Online process.

Print PDF

Fill Online

7. Complete Generator Name and Address (where the waste is physically located.)
8. If you do not have EPA ID or State ID number, mark the N/A boxes.

Generator Information (Material Origin)

[Import from Address Book](#)

Renewal? Yes No

Generator Name:

Generator Address:

City:

State:

Zip:

County:

Contact Name:

Email:

Email CC:

Phone:

Fax:

Generator EPA ID:
 N/A

State ID:
 N/A

Attach Additional Generator Locations: No file chosen

9. Complete Billing Information and Address (where you want your invoices sent.)

Billing Information

↘ Import from Address Book

Same As Generator	<input type="checkbox"/> Same As Generator
Billing Name: *	<input type="text"/>
Billing Address: *	<input type="text"/>
City: *	<input type="text"/>
State: *	-- Please Select -- ▾
Zip: *	<input type="text"/>
Contact Name: *	<input type="text"/>
Email: *	<input type="text"/>
Email CC: 📧	<input type="text"/>
Phone: *	<input type="text"/>
Fax:	<input type="text"/>
WM Hauled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P.O. Number:	<input type="text"/>
Payment Method:	<input type="radio"/> Credit Account <input type="radio"/> Cash <input type="radio"/> Credit Card

10. Describe your Waste Stream

2. Description

Material Information for Illinois

Material Name: * 📧

This field is required.

Describe Process(es)
Generating Material: * 📧

Characters: 0/650

Attach Process Description 📧

No file chosen

<p>11. When you are listing Material Composition, it will need to equal 100%. It can be greater than 100%, but not less.</p> <p>12. If your state does not require a state waste code, mark the N/A box.</p>	<p>Total Material Composition & Contaminants (must equal 100% or greater): * ?</p> <table border="1"> <thead> <tr> <th>Material 1</th> <th>Range</th> <th>Unit</th> </tr> </thead> <tbody> <tr> <td>e.g. Construction Debris</td> <td>e.g. 45-60</td> <td>%</td> </tr> </tbody> </table> <p>Add material</p> <hr/> <p>Attach Material Composition ? <input type="button" value="Choose File"/> No file chosen</p> <hr/> <p>State Waste Codes: ?</p> <p><input type="checkbox"/> N/A</p> <p>State Waste Code 1</p> <input type="text"/> <p>Add state waste code</p>	Material 1	Range	Unit	e.g. Construction Debris	e.g. 45-60	%
Material 1	Range	Unit					
e.g. Construction Debris	e.g. 45-60	%					
<p>13. Make selections regarding the physical state of the waste stream.</p>	<p>Color: * ? <input type="text"/></p> <hr/> <p>Physical State at 70°F: * ? <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Other</p> <hr/> <p>Free Liquid Percentage Range: * <input type="text"/> to <input type="text"/> <input type="checkbox"/> N/A</p> <hr/> <p>pH Range: * <input type="text"/> to <input type="text"/> <input type="checkbox"/> N/A</p> <hr/> <p>Strong Odor: * ? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <hr/> <p>Flash Point: * ? <input type="radio"/> <140°F <input checked="" type="radio"/> 140°-199°F <input type="radio"/> >200° <input type="radio"/> N/A</p>						

<p>14. The estimated quantity will be your estimated annual volume of waste.</p> <p>15. If your state does not require a USDOT shipping name, choose the N/A box.</p> <p>16. Select the facility where the waste will be disposed.</p>	<h3>3. Additional Details </h3> <h4>Shipping & DOT Information</h4> <hr/> <p>Request Certificate of Disposal <input type="checkbox"/> Yes *Fees may apply*:</p> <hr/> <p>Shipping Frequency: *  <input type="radio"/> One-Time Event <input type="radio"/> Repeat Event/Ongoing Business</p> <hr/> <p>Estimated Quantity: *  <input type="text"/></p> <hr/> <p>Unit of Measure: * <input type="radio"/> Tons <input type="radio"/> Cubic Yards <input type="radio"/> Drums <input type="radio"/> Gallons <input type="radio"/> Other</p> <hr/> <p>Container Type and Size:  <input type="text"/></p> <hr/> <p>USDOT Proper Shipping & Technical Name: * </p> <table border="1" data-bbox="492 758 1484 863"> <tr> <td>Proper Shipping Name 1</td> <td>Technical Name</td> <td>None</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> N/A</td> </tr> </table> <p>Add Shipping Name</p>	Proper Shipping Name 1	Technical Name	None	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> N/A
Proper Shipping Name 1	Technical Name	None					
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> N/A					
<p>17. Verify that all information entered is correct.</p> <p>18. If someone else will be signing the profile, enter the email address of that person. If you will be signing, use your e-signature to sign (and mark the Authorized Agent If you have generator permission.)</p> <p>19. Click Send Profile</p> <p>Note: if a required field is missing, it will show up in red and not submit.</p>	<p>How would you like to sign? * <input checked="" type="radio"/> I will be signing and submitting electronically <input type="radio"/> Someone else will sign and submit electronically</p> <hr/> <p>Generator Certification Statement (select one) * <input type="radio"/> I am an Authorized Agent signing on behalf of the Generator, and I have confirmed with the Generator that information contained in this profile, as well as supporting documents provided, are accurate and complete. <input checked="" type="radio"/> I am the Generator.</p> <p>Name: * <input type="text"/></p> <p>Date: * <input type="text"/></p> <p>Position/Title: * <input type="text"/></p> <p>Company: * <input type="text"/></p> <p>* Signature</p>						



A. GENERATOR INFORMATION (MATERIAL ORIGIN)

The information in this section applies strictly to the generator of the material being profiled on this form. Please complete as much information as possible. If you are unsure about a question, call your technical service center at 800-963-4776.

C. MATERIAL INFORMATION

- Common Name:** Enter the generally descriptive name of the material.
Example: Paint sludge, Gasoline Impacted soil
Describe Process Generating Material: Describe the process and/or source of contamination generating this material. Identify the specific process/operation or source that generates the material.
Example: Soil from underground storage tank that contained gasoline
- Material Composition and Contaminants:** Total composition must be equal to or greater than 100%. List the general components of the material and any pertinent contaminants with the overall concentration in the material.
Example: Soil 90% – 100%, Debris 0% – 10%
- State Waste Codes:** If applicable, enter the appropriate state code assigned to this material. If there is no code, select N/A.
- Color:** Describe the color(s) of the material.
Example: Blue, brown, clear
- Physical State at 70 °F:** Select all that apply. You may select solid and liquid at the same time. If this material is neither, please choose other and describe in the space provided.
- Free Liquid Range Percentage:** If the material has free liquids in it, identify the approximate percentage. If the material contains no free liquids, select N/A.
- pH:** Indicate the pH range of the waste. Most areas do not require a pH on solid. However, it may be a requirement for your facility. If you are unsure, contact your Technical Service Center for clarification.
- Strong Odor:** Do not smell the waste. If the waste is known to have a strong odor please describe in the space provided.
Example: Gasoline, Pungent, Rotten Eggs
- Flash Point:** Indicate the flash point obtained using the appropriate test method. Solid material at most locations does not require a flash point. If this is true, select N/A.

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical:** If you attach laboratory analysis to help characterize your material. Please indicate it here and identify which samples or entire reports are representative of the material.
- Other Information:** If other information such as an MSDS or other product information will help characterize your material, indicate it here and attach the documentation.

G. GENERATOR CERTIFICATION

Before submitting your profile form, read the Generator Certification and completed the information on the left and sign on the right.

B. BILLING INFORMATION

The information in this section applies to the person or company that will receive the invoice from Waste Management. If you are unsure about a question, call your technical service center at 800-963-4776.

D. REGULATORY INFORMATION

- EPA Hazardous Waste:** Verify whether this material is a hazardous waste as defined by 40 CFR 261. If you select Yes, identify the applicable hazardous waste codes and answer corresponding Addendum questions (D.1.) on the second page.
- State Hazardous Waste Codes:** Verify whether this material is a hazardous waste as defined by the state. If you select Yes, identify the applicable hazardous waste codes. Additional space for codes is available on the Addendum form – question D.2.
- Is this material non-hazardous due to Treatment, Delisting, or an Exclusion?** If you select Yes, identify the applicable exclusion and answer corresponding Addendum questions (D.3.) on the second page.
- Contains Underlying Hazardous Constituents:** Verify whether this material contains UHCs in 40 CFR 268.
- Contains Benzene and Subject to Benzene NESHAP:** Verify whether material is from an industry subject to and material is regulated by Benzene NESHAP in 40 CFR 61. If Yes, answer corresponding Addendum questions (D.5.) on the second page.
- Facility Remediation Subject to 40 CFR 63 GGGGG:** Verify whether material is subject to 40 CFR 63 GGGGGG.
- CERCLA or State-mandated clean-up:** If Yes, please attach the Record of Decision or other documentation to assist others in the evaluation for proper disposal.
- NRC or State-regulated radioactive or NORM waste:** If you select Yes, answer the additional corresponding Addendum questions (D.8.) on the second page.
- Contains PCBs:** If yes, answer questions a, b, & c concerning PCBs. For more information consult 40 CFR 761.
- Regulated and/or untreated Medical/Infectious Waste?:** Indicate if the material contains anything that may qualify as Regulated and/or untreated medical/infectious waste.
- Contains Asbestos:** Indicate whether the waste contains asbestos. If yes, indicate the type of asbestos.

F. SHIPPING AND DOT INFORMATION

- One-Time Event or Repeat Event/Ongoing Business:** Identify if the material will be generated from a single event or if the material will be generated in an on-going process.
- Estimated Quantity / Unit of Measure:** Give the approximate quantity and unit of measure for your material. If this is an on-going process, identify the annual quantity.
- Container Type and Size:** Please identify the container type and size. If you are unsure, leave blank.
Example: 40 yard roll-off, 55-gallon drums
- USDOT Proper Shipping Name:** If applicable, enter the proper USDOT Shipping Name.