

READY Or Not Technical Services Inc.

REQUEST FOR RECYCLING OF AMALGAM CANISTER DECLARATION FORM*

Dental office or Doctor's name _____

Office contact name (first name) _____ (last name) _____

Office address _____ Suite _____

City _____ Province _____ Postal Code _____

Check (✓) the preferred communication.

Phone _____ Fax _____

Email _____

Business hours:

Monday | Tuesday | Wednesday | Thursday | Friday

Please specify if office is closed during lunch hours and provide details:

Used amalgam canister	Serial number _____	Model number _____
	Will be shipped... <input type="checkbox"/> in a box <input type="checkbox"/>	other _____ <input type="checkbox"/>

**Ready Or Not Technical Services Inc.
801, Osgoode Drive, suite 26 London, Ontario N6E 2G8 226-378-4532**

Technician name _____ Technician's phone _____

Please fax completed form to 514-350-3658

Once the form is received, SteriCan will fax you back a completed shipping document to affix to the box and will have a courier company collect the packaged materials at your facility.

* One form per canister

I hereby confirm that all the waste materials are packaged securely for public roadway transportation.

Signature _____ Date _____