

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... in a box ☐ other ☐

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 _____

SteriCan
Phone: 1-855-837-4226
Fax: 514-350-3658
Email: orders@steri-can.com