REQUEST FOR AUTHORIZATION TO SELL BULK ANTIFREEZE

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WASTE MANAGEMENT
SFN 51746 (6-2019)

Clear Fields

1. Facility Information

Facility Name Where Antifreeze is Sold			
Street Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Contact Person		Telephone Number	

2. Owner Information

Owner Name			
Mailing Address	City	State	ZIP Code

3. Certification

Authorization is requested for the facility stated above to sell bulk antifreeze during the antifreeze season specifed below. In addition, I agree to the rules set by the North Dakota Century Code Chapter 19-16.1 for antifreeze regulation.

	Antifreeze Season July 1, - June 30,
Signature	Date
Printed Name	Title

Please complete this section for a change of name, address, or ownership.

Facility Name Where Antifreeze is Sold			
Street Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Contact Person		Telephone Number	
Owner Name			
Mailing Address	City	State	ZIP Code

See reverse side for mailing instructions and antifreeze distribution requirements.

FOR STATE USE ONLY

Request Approved By	Date
Facility ID Number	Owner ID Number

General Information on Bulk Antifreeze Distribution

Facilities may distribute antifreeze in bulk using a container supplied by the customer provided that:

1. The distributor obtains written authorization from the North Dakota Department of Health annually; and
2. The distributor attaches a label to the container supplied by the customer that contains the following information:
   a. The name and place of business of the registrant;
   b. The net content in terms of liquid measure;
   c. A warning statement, giving adequate notice of potential consequences of misuse;
   d. A statement of chart showing dilution ratios needed to provide protection from freezing at various temperatures; and
   e. Adequate directions for use describing requirements the purchaser must follow to obtain results claimed by the manufacturer or registrant.

Requests to sell bulk antifreeze can be made by completing form SFN 51746 on the reverse side of this page and returning it to:

North Dakota Department of Environmental Quality
Division of Waste Management
918 E. Divide Ave., 3rd Fl.
Bismarck, ND 58501-1947

Telephone: 701-328-5166 · Fax: 701-328-5200
Website: https://deq.nd.gov/WM