CLAIM FOR PAYMENT FOR MERCURY SWITCHES FROM END-OF-LIFE VEHICLES

State Form 53238 (R/5-07)

Indiana Department of Environmental Management

INSTRUCTIONS:
1. *Use this form to request payment for mercury switches removed from end-of-life vehicles under 329 IAC 11.5.*
2. *Print or type all requested information. Sign and date the certification. Attach a list of all vehicles from which you removed mercury switches. Use page 2 of this form to list all vehicles, or attach a list generated from facility records.*
3. *Mail the form and attached vehicle list to Indiana Department of Environmental Management, Office of Land Quality MC 66-30, Mercury Switch Program, 100 North Senate Avenue, Indianapolis, IN 46204-2251*
4. *If you have not already done so, you must submit a Taxpayer Identification Number Request (State Form 23743).*
5. *To receive payments from IDEM you must submit an Automated Direct Deposit Authorization Agreement (State Form 47551).*
6. *For more information or for help completing your claim, contact IDEM's Office of Land Quality at (317) 233-1655.*

Claim Number: (IDEM Use Only)	**MS – –**

Motor vehicle recycler information:		
Company name:		
FID or SSN:		
Address:		
City:	State:	ZIP:
Contact person:	Telephone:	
Vehicle salvage license number (from Bureau of Motor Vehicles):		

Number of mercury switches or switch pellets removed and shipped to recycler in this container:	
Number of ABS G-Force sensors removed and shipped to recycler in this container:	
Date this container of mercury switches was shipped to the recycler:	

Certification by company official (claim cannot be paid without valid signature):

All convenience switches and ABS G-force sensor switches that were removed and sent for recycling and for which reimbursement is requested in this claim contain mercury. I certify, under penalty of perjury as provided in IC 35-44-2-1, that to the best of my knowledge the information in this claim is true and accurate.

Signature:	Print name:
Title:	Date:

FOR IDEM USE ONLY

ELVS database checked	(Date & Dscrp = 30 Char. Max) **Date of Srvc:** _____ **Other Dscrp:** Mercury Switch
Date:	**Amt:** _____ **Fund:** 2 5 3 0 **Obj:** 5 3 8 5 0 0 **Ctr:** 1 4 9 5 0 **Org:** 1 9 7 0 2 2 **Bud.Ref:** _ _ _ _ **Class:** 0 **PCBU:** 0 0 4 9 5
ELVS count:	**Proj / Grant:** 0 0 0 0 0 0 0 _ _ _ _ _ _ _ _ **Act. ID:** _ _ _ _ _ _ _ (G/L Only) **Anlys.Type:** _ _ _ **Prog.Init:** _____ **Date:** _____ **Acct.Init:** _____ **Date:** _____

Vehicle Make	Vehicle Model	Year	Number of switches removed		Vehicle Make	Vehicle Model	Year	Number of switches removed	
			Con	ABS				Con	ABS
1					26				
2					27				
3					28				
4					29				
5					30				
6					31				
7					32				
8					33				
9					34				
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25					50				