Reset Form

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

State Form 53238 (R4 / 1-13)
Approved by State Board of Accounts, 2013
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. IDEM will verify the number of switches shipped with the End of Life Vehicle Solutions/Environmental Quality database. State reimbursement will be based upon the certified number in the End of Life Vehicle Solutions (ELVS) database.*
3. *Mail the form to Indiana Department of Environmental Management, Office of Pollution Prevention and Technical Assistance, Mercury Switch Program, 100 North Senate Avenue, MC 64-01 IGCS W041, Indianapolis, IN 46204-2251.*
4. *If you have not already done so, you must submit a Vendor Information Form (State Form 53788) to receive payments from IDEM.*
5. *For more information or for help completing your claim, contact IDEM's Office of Pollution Prevention and Technical Assistance at (800) 988-7901.*

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

COMPANY INFORMATION AS STATED ON VENDOR FORM *(Remittance to Address)*		
Name of company		
Address *(number and street)*		
City	State	ZIP code
Contact person		Telephone number ( )

PROJECT SITE INFORMATION AS REFERENCED BY ELVS DATABASE (Physical Site Location)		
Name of company		
Address *(number and street)*		
City	State	ZIP code
Contact person		Telephone number ( )

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 / ELVS	

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, in accordance with IC 13-30-6-2 that to the best of my knowledge the information in this claim is true and accurate.

Signature	Print name
Title	Date (*mm, dd, yyyy*)

IDEM USE ONLY			
ELVS invoice date:	Approved to pay:		
Date processed:	Approved by:		
Req number:		PO number:	
Invoice number:		Rec'd number:	