

Metropolitan Washington Air Quality Committee
Voluntary Measure Implementation Form: Gas Can Replacement

County/Department	# Cans Collected for Replacement	Approximate Size (gallons)	Replacement Brand	Replacement Size (gallons)	Disposal Facility (name, county, state)	Disposal Date (mm/dd/yyyy)

Total Cans Replaced: _____ 0

I certify that the containers listed above were not compliant with the emission limits for portable fuel containers contained in COMAR 26.11.13.07 (OTC Portable Fuel Containers Rule). I further certify that the above containers have been replaced with containers compliant with COMAR 26.11.13.07.

 Name, Employer, Job Title, Phone Number (print)

 Signature

I certify that the containers listed above were destroyed as described below. (Please describe method of destroying containers, e.g. punch 6 holes and crush):

(Type description here)

 Name, Employer, Job Title, Phone Number (print)

 Signature

I certify that the containers listed above have been disposed of in accordance with the laws of the United States and the State of Maryland. These cans have been received for permanent disposal and will not be resold or reused.

 Name, Employer, Job Title, Phone Number (print)

 Signature