



**Dental-Mart**  
Sales Inc.

## REQUEST FOR RECYCLING OF AMALGAM CANISTER DECLARATION FORM

Purchase Order# \_\_\_\_\_  
*If applicable (Please attach copy)*

DENTAL OFFICE or DOCTOR'S NAME \_\_\_\_\_

OFFICE CONTACT NAME \_\_\_\_\_ ( first) \_\_\_\_\_ (last)

OFFICE ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_ PREFERRED COMMUNICATION  SERIAL NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_  MODEL NUMBER \_\_\_\_\_

BUSINESS HOURS:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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\* Please specify if office is closed during lunch hours and provide details:

**CERTIFICATE REQUIRED**

YES

NO

DENTAL-MART SALES, INC. • 1287 MATHESON BLVD. EAST, MISSISSAUGA, ON L4W 1R1

TECH NAME \_\_\_\_\_ TECH'S PHONE \_\_\_\_\_

TO BE PICKED UP AT: DENTAL-MART'S OFFICE  THE CUSTOMER'S OFFICE

**Please fax completed form to 514-350-3658**

**Once the form is received and payment information confirmed, we 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.

DATE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

Dental-Mart Sales, Inc.  
1287 Matheson Blvd. East, Mississauga, ON L4W 1R1  
905-272-3654, 877-275-1119  
questions@dentalmartsales.com



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### **Preparation Guidelines for the Recycling of Your Amalgam Canister**

Please ensure the following steps have been completed:

- Insert both blue caps into the top openings.
- Fill in the declaration form, including the serial number and model number of the canister to be recycled.
- Place the canister into the plastic seal lock bag and seal.
- Place the canister between the 2 foam inserts in which the new canister was packed initially and make sure the bag is properly sealed.
- Place the spent canister into the box in which the new canister was shipped initially and seal the box with tape.
- **Finally**, fax or email the completed declaration form.

**An additional charge of \$5.00 per pound over 15 pounds will be invoiced at a later date, if applicable.**

I agree to the terms and conditions set forth by SteriCan.

Date \_\_\_\_\_

Signature \_\_\_\_\_

After reception of the completed form, a SteriCan representative will contact you for payment processing and confirmation on the preparation. Once the payment is processed and the package is ready for pick-up, shipping documents for the transport company will be sent to you. Please note same day pick-up is possible. All steps must be completed before pick-up. Please contact us prior to initiating pick-up if you require assistance with the preparation process. Please allow 10 days for a certificate of compliance to be sent to you by fax or email. For record keeping purposes, it is recommended to attach a copy of invoice to the certificate and file for future reference.

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