

**AGREEMENT FOR THE ACCEPTANCE OF WASTE FROM MEDICAL
INSTITUTIONS**

I hereby certify that I have read and understand the letter titled “**TO ALL OUR CUSTOMERS IN AND/OR SERVICING THE HEALTH CARE INDUSTRY: AGREEMENT FOR THE ACCEPTANCE OF WASTE FROM MEDICAL INSTITUTIONS**” dated *April 6, 2009* from Niagara Waste Systems Limited and as such certify the waste material from our facility that are transported for disposal to Niagara Waste Systems Limited landfill are solid, non-hazardous waste and comply in every respect with the provisions of the Ministry of the Environment’s Guideline C-4, Management of Biomedical Waste in Ontario, as well as with the provisions specifying the standards and definitions of non-hazardous, solid waste under Regulation 347 and Niagara Waste System’s Acceptance Criteria.. Systems are in place to ensure against unacceptable materials being placed into the general waste stream.

Company Name: _____

Address: _____

Telephone: _____

Fax: _____

Contact Name: _____

Contact Signature: _____

Date: _____