

APPLICATION FOR QUALIFIED FACILITY LIST (QFL)

OMB Control Number: 0704-0650
Expiration: February 28, 2026

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0650, is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

SECTION 1

1. OFFICIAL FACILITY NAME	2. DATE (MM/DD/YYYY)
3. FACILITY ADDRESS AND COUNTRY	4. DLA ASSIGNED FACILITY ID NUMBER
5. PARENT COMPANY- (If applicable)	6. EPA NUMBER
7. MAILING ADDRESS (If different than BOX 3)	8. CHECK APPLICABLE BOX NEW APPLICANT RENEWAL
9. IDENTIFY ANY PREVIOUSLY USED NAMES FOR THE FACILITY OR DBA APPEARING IN YOUR DOCUMENTATION.	10. CHECK APPLICABLE BOX CONUS (USA & Territories, Mexico, Canada) OCONUS (Outside of US)
11. DLA PRIME CONTRACTOR NAME	12. DLA CONTRACT NUMBER

SECTION 2

13. CONUS: IS THE FACILITY A RCRA PERMITTED TSDF AUTHORIZED TO RECEIVE MANIFESTED WASTE CODES?	Yes	No
14. OCONUS: IS THE FACILITY PERMITTED TO PERFORM ULTIMATE DISPOSAL OF HAZARDOUS WASTE?	Yes	No

15. PERMITTED PROCESS - CHECK ALL THAT APPLY

PROCESS DESCRIPTION	PERFORMED ON-SITE	PROCESS DESCRIPTION	PERFORMED ON-SITE	PROCESS DESCRIPTION	PERFORMED ON-SITE
GENERAL		RECYCLE & RECOVERY		BATTERY DEMANUFACTURING	
FUELS BLENDING		METAL RECYCLE		NICKEL CADMIUM	
INCINERATION		OIL RECYCLING		MERCURY BATTERY	
SMELTER		FUEL RECYCLING		LEAD ACID BATTERY	
DEEP WELL INJECTION		WASTE TO ENERGY		LITHIUM	
SOLVENT		HANDLING & TRANSPORT		ALKALINE	
WASTE WATER		10-DAY TRANSFER STATION		NICKEL METAL HYDRIDE	
LANDFARM		BULKING & CONSOLIDATION		SILVER-OXIDE	
PAINT RECYCLING		STEVEDORE		ZINC	
COMPRESSED GAS CYLINDER		UNIVERSAL WASTE		LANDFILL	
ELECTRONICS DEMANUFACTURING		PESTICIDES		SUBTITLE C LANDFILL	
LAB PACKING		LAMPS		SUBTITLE D LANDFILL	
PCB		AEROSOL		OTHER	
AFFF		MERCURY			
WASTE FUELS KILN		TIRES			

16. **(NEW APPLICATIONS ONLY)** ACCEPTED CONTRACT LINE-ITEM NUMBERS (CLIN'S) (TO BE COMPLETED BY DLA PRIME CONTRACTOR)

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SECTION 3

17. REGULATORY AND FINANCIAL ASSURANCE

REQUIREMENT	SUBMITTED		APPLICANT COMMENTS
A. According to the U.S. EPA or State Regulators, have any Significant Noncompliance (SNC) violations or High Priority Violations (HPVs) been issued to the facility within the last three years? If YES , provide corrective action and administrative or consent order.	Yes	No	
B. Does the facility require General and/or Pollution Insurance to operate? If YES , provide ACORD with expiration date. If NO , provide explanation.	Yes	No	
C. Is the facility required to have closure and post closure financial assurance? If YES , please provide up to date financial assurance mechanism submitted to regulatory authorities. It must be from the financial institution providing coverage. If NO , please explain.	Yes	No	
D. Latest third-party compliance inspection/report related to the highest regulatory permit, within the last 18 months for CONUS and 36 months for OCONUS. If NO , please explain.	Yes	No	

18. PERMIT TYPES - PROVIDE ALL PERMITS (See instructions on page 3)

PERMIT	PERMIT NUMBER	PERMIT	PERMIT NUMBER
a) RCRA PART B		g) NPDES	
b) TSCA		h) STORMWATER	
c) SOLID WASTE		i) R2	
d) CUPA		j) BUSINESS LICENSE	
e) CAA		k)	
f) CWA		l)	

19. Current facility environmental POC with phone number and e-mail address.	NAME	PHONE
	EMAIL	
20. Current environmental regulatory agency POC with phone number and e-mail address. If more than one, use the highest permitting regulatory POC.	NAME	PHONE
	EMAIL	
21. NAME OF PRIME CONTRACTOR COMPLETING APPLICATION	PHONE	EMAIL ADDRESS

22. ADDITIONAL COMMENTS

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This application is for entities seeking to be placed on the DLA Disposition Services Qualified Facilities List (QFL) and is designed to be completed and submitted electronically. Provide all applicable information and supporting documents with this completed application. Make proper selections for the subject facility. Only companies currently under contract or that are bidding on a solicitation with DLA Disposition Services, may request consideration for placement on the QFL. Approval will not be granted until all required documentation and regulatory compliance status have been received and verified. Some requested information is applicable only to facilities in the USA.

BOX 1: Provide the name of the Facility and any Doing Business As (DBA) being used on any of the required documentation.

BOX 2: Enter the date when the application was filled out.

BOX 3: Address and country of the facility being vetted.

BOX 4: If you have been assigned a facility number by DLA other than your EPA #, provide it here.

BOX 5: Provide your parent company's name if it is used on any required paperwork.

BOX 6: Provide the facility's EPA number.

BOX 7: Provide the mailing address.

BOX 8: Select "NEW" if this facility has not been previously listed on the QFL. Check "RENEWAL" if this is an annual submission.

BOX 9: Provide any name previously used by the facility or DBA that is on the documentation provided.

BOX 10: Select "CONUS" (Continental United States) for US and its territories, Canada, and Mexico.

Select "OCONUS" (Outside Continental United States) for all other international locations.

BOX 11: Provide the current DLA prime contractor's company name.

BOX 12: Provide the DLA contract number this facility will be supporting.

BOX 13: Answer the question if you are a CONUS (USA & Territories, Mexico, Canada) facility

BOX 14: Answer the question if you are an OCONUS (Outside of US) facility

BOX 15: Check all listed processes you are permitted to perform.

BOX 16: Provide all accepted Contracted Line-Item Numbers (CLIN)- New applicants only

BOX 17: Answer questions A-D and provide comments if applicable.

BOX 18: Check all permits that are applicable and provide the permit number.

- NEW FACILITY – Provide full version of all the facility's permits.
- RENEWED FACILITY – Provide the cover page(s) of all the facility's permits.
- The cover pages should show the location of the facility and expiration date. If there is no expiration date, explain in BOX 23 ADDITIONAL COMMENTS.
- If facility permit is extended or under review for renewal, provide supporting documentation.
- We may request more documentation per our discretion.

BOX 19: Provide the facility's environmental POC. Do not state "See Attached"

BOX 20: Provide contact information for the regulatory authority for the highest level permit the facility holds. Do not state "See Attached"

BOX 21: Name of the Prime Contractor completing the application and contact information.

BOX 22: Additional space for any comments.

Do not leave a requirement unanswered and where requested, supporting documentation must be provided. Not providing requested information and/or supporting documentation will slow the review process. Regular regulatory compliance auditing is defined as any multi-media audit by a third party or an inspection by environmental regulatory enforcement official. The report should be no older than 18 months.

Application Submitter. Print name and phone number of prime contractor representative completing the application. Application will not be accepted without this information. Once form is complete, submit to DLA Disposition Services at TSDFANDTRANSPORTERINQUIRIES@DLA.MIL.

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23. DLA USE ONLY - VERIFICATIONS AND QFL RECOMMENDATION

CLAUSE	RESULTS		VERIFIER COMMENTS
A. ECHO report reviewed?	Yes	No	
B. Is there a history of Significant Non-Compliance (SNC) or High Priority Violations (HPV)?	Yes	No	
C. If there is/was a history of non-compliance or SNC/HPV, were corrective actions provided?	Yes	No	
D. Were the facility inspection results provided within the last 18 months for CONUS or 36 months for OCONUS? If NO , provide justification in comments.	Yes	No	
E. If facility received a High Risk or Medium Risk determination from DLA Disposition Services inspection, was evidence of mitigation or corrective action provided?	Yes	No	
F. Does the facility ACORD include General and Pollution insurance that is not expired? If the site also requires closure mechanism, was an updated financial closure document provided?	Yes	No	
G. Has the Contractor submitted all required documentation and information?	Yes	No	

24. RECOMMENDATION

After conducting the review and verifying documentation, I recommend the following:	Add to QFL	Remain on QFL	
	Do not add to QFL (Provide comments below if not adding to QFL)		

25. ADDITIONAL COMMENTS

AS THE VERIFIER, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

19. NAME OF DLA VERIFIER

20. VERIFIER SIGNATURE AND DATE