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Environmental Services
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global
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Oil and Chemical Trading
universal
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GTI Material Profile

P.O. Box 1269
Madison, NJ 07940
Ph: (973)-630-0990
Fax: (973)-630-0991

Please use this profile for your off-specification, outdated, unused/excess inventory, and co-products.
If you need help filling in this profile, or have any questions, please call your GTI representative.

Please print out this form, fill out, sign and fax to your GTI representative

SECTION 1 OF 5: GENERAL INFORMATION

First Name: _____ Last Name: _____
 Company: _____ City: _____
 Address: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 E-Mail: _____

SECTION 2 OF 5: GENERAL INFORMATION

Are you looking to Buy or Sell: Buy Sell
 Material Name: _____ Location: _____
 Quantity: _____ Price: _____
 Frequency: One-time: Weekly: Monthly: Yearly: How is the material produced?: _____

Additional details (Check all that apply): Virgin: Off Spec: Co-Product: Out-Dated Inventory:
 Load out by: Box Van: Tank Truck: Rail: Barge: Other: _____
 Other Details: _____
 CAS No: _____

SECTION 3 OF 5: MATERIAL COMPOSITION

Component	Concentration			Unit of Measure		
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>
_____	Min: _____	Max: _____	Actual: _____	PPM: <input type="radio"/>	PPB: <input type="radio"/>	Weight %: <input type="radio"/>

SECTION 4 OF 5: CHARACTERISTICS

Form: Liquid Solid Gas

Odor None Mild Strong Describe odor: _____

PH: _____

% Moisture: _____

FP (°F): _____

% Ash: _____

% Sulfur: _____

Initial BP: _____

BTU/lbs: _____

% Solids: _____

Distillation (°F)

 IBP: _____

 50%: _____

 EP: _____

APHA Color: _____

RVP: _____

Viscosity (CST): _____

Pour Point: _____

API Gravity: _____

SG: _____

Solubility in Water: Yes: No: Somewhat:

Appearance: _____

Additional Analysis Available: Yes: No:

Sample Available: Yes: No:

MSDS Available: Yes: No:

Additional Comments: _____

SECTION 5 OF 5: CERTIFICATION

I certify that this document was prepared by myself, or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my own knowledge or inquiry of the person(s) who manage the systems, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information.

First Name: _____ Date: _____

Last Name: _____

Signature: _____