

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number 00700001 FLE		
		5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)	
Generator's Phone:							
6. Transporter 1 Company Name				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address				U.S. EPA ID Number			
Facility's Phone:							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1.							
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information							
<p>15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.</p>							
Generator's/Offeror's Printed/Typed Name				Signature		Month Day Year	
<p>16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____</p> <p>Transporter signature (for exports only): _____</p>							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name				Signature		Month Day Year	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
<p>18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection</p> <p style="text-align: center;">Manifest Reference Number: _____</p>							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	