RESET FORM PRINT FORM

# ASBESTOS WASTE SHIPMENT RECORD

The waste generator, transporter, and Waste disposal site (WDS) must retain a copy of this form. WDS must send a completed copy of this form to the operator listed in line 2.

Prescribed by: DRMS-I 4160.14, Sec. 2, Ch. 8
Sponsor: Disposition Services

| | |
|---|---|
| 1. WORK SITE NAME AND MAILING ADDRESS: | OWNER'S BUSINESS NAME AND TELEPHONE NUMBER: |
| 2. OPERATOR'S BUSINESS NAME AND ADDRESS: | OPERATOR'S BUSINESS TELEPHONE NUMBER: |
| 3. WASTE DISPOSAL SITE (WDS) NAME, MAILING ADDRESS, AND PHYSICAL SITE LOCATION: | WDS TELEPHONE NUMBER: |

4. NAME AND ADDRESS OF RESPONSIBLE AGENCY:

| | | |
|---|---|---|
| 5. DESCRIPTION OF MATERIALS: | 6. CONTAINERS: NO. & TYPE | 7. TOTAL QUANTITY: $m^3$ ($yd^3$) |

8. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION:

**OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.**

| | | |
|---|---|---|
| PRINTED/TYPED NAME AND TITLE: | SIGNATURE: | MONTH/DAY/YEAR: |

**10. TRANSPORTER 1 (Acknowledgment of receipt of materials)**

| | | |
|---|---|---|
| PRINTED/TYPED NAME AND TITLE: | SIGNATURE: | MONTH/DAY/YEAR: |

ADDRESS AND TELEPHONE NUMBER:

**11. TRANSPORTER 2** *(Acknowledgment of receipt of materials)*

| | | |
|---|---|---|
| PRINTED/TYPED NAME AND TITLE: | SIGNATURE: | MONTH/DAY/YEAR: |

ADDRESS AND TELEPHONE NUMBER:

12. DISCREPANCY INDICATION SPACE:

| | |
|---|---|
| 13. WASTE DISPOSAL SITE OWNER OR OPERATOR: | **Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.** |

| | | |
|---|---|---|
| PRINT/TYPED NAME AND TITLE: | SIGNATURE: | DATE: |