

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number		2. Page 1 of		3. Emergency Response Phone		4. Manifest Tracking Number			
		5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)							
GENERATOR		Generator's Phone:									
		6. Transporter 1 Company Name						U.S. EPA ID Number			
TRANSPORTER		7. Transporter 2 Company Name						U.S. EPA ID Number			
		8. Designated Facility Name and Site Address						U.S. EPA ID Number			
DESIGNATED FACILITY		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 No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
DESIGNATED FACILITY		1.									
		2.									
		3.									
		4.									
DESIGNATED FACILITY		14. Special Handling Instructions and Additional Information									
		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.									
DESIGNATED FACILITY		Generator's/Offor's Printed/Typed Name				Signature				Month Day Year	
DESIGNATED FACILITY		16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
		17. Transporter Acknowledgment of Receipt of Materials									
DESIGNATED FACILITY		Transporter 1 Printed/Typed Name				Signature				Month Day Year	
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name				Signature				Month Day Year	
DESIGNATED FACILITY		18. Discrepancy									
		18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection Manifest Reference Number: _____									
DESIGNATED FACILITY		18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
		Facility's Phone:									
DESIGNATED FACILITY		18c. Signature of Alternate Facility (or Generator)						Month Day Year			
DESIGNATED FACILITY		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
		1.		2.		3.		4.			
DESIGNATED FACILITY		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	
DESIGNATED FACILITY											