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

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

6. Transporter 1 Company Name

7. Transporter 2 Company Name

8. Designated Facility Name and Site Address

9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

9b. HM

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

13. Waste Codes

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.

Generator/Offeror’s Printed/typed Name

Signature

Month Day Year

16. International Shipments

X Import to U.S.

☐ Export from U.S.

Port of entry/exit: complete

Transporter signature (for exports only):

Date leaving U.S.:

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

18a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator)

Facility’s Phone:

U.S. EPA ID Number

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

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)