

GENERATOR: _____ TRANSPORTER: _____ RECEIVER: _____
 GENERATOR #: _____ TRANSPORTER #: _____ RECEIVER #: _____
 MAILING ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

 LSD: _____ PHONE: _____
 PHONE: _____ TRANSPORTER SIGNATURE: _____ PHONE: _____
 FAX: _____ DATE SHIPPED: _____ FAX: _____

								CONTAINER NUMBERS			
	SHIPPING NAME	DG	CLASS	PIN #	PACKING GROUP	AMOUNT (m ³)	# OF CONTAINERS				
OILRAG (Rags)	LEACHABLE WASTE - SOLID <small>(Waste Rags Contaminated with BTEX and/or Heavy Metals)</small>	X	NR	NR	NR						
OILABS (Sorbents)	LEACHABLE WASTE - SOLID <small>(Waste Absorbents Contaminated with BTEX and/or Heavy Metals)</small>	X	NR	NR	NR						
FILLUB (Oil Filters)	LEACHABLE WASTE - SOLID <small>(Waste Lube Oil Filters Contaminated with BTEX and/or Heavy Metals)</small>	X	NR	NR	NR						
WSTMIS <small>(rags, absorbents, lube, oil filters)</small>	LEACHABLE WASTE - SOLID <small>(Waste Solids Contaminated with BTEX and/or Heavy Metals)</small>	X	NR	NR	NR						
EMTCON - A (Aerosols)	NON-REGULATED SOLID (Empty Aerosols)		N/A	N/A	N/A						
EMTCON - P (Plastics)	NON-REGULATED SOLID (Empty Plastic Containers)		N/A	N/A	N/A						
Comments/Special Handling Instructions: _____											
Emergency Plan Reference Number: _____ 24 Hour Emergency Number: _____											
Generator Signature: _____ Print Name: _____											
Date Received: _____											
Receiver Signature: _____											