

INSTRUCTIONS FOR COMPLETING THE HAZARDOUS WASTE MANIFEST FORM

Complete company name and address

Printed name, signature and telephone number for contact at transporter.

Carrier provincial registration number, C XXXX

Motor Vehicle Registration Number

MANIFEST - MANIFESTE

THIS MANIFEST CONFORMS TO ALL FEDERAL AND PROVINCIAL TRANSPORT AND ENVIRONMENTAL LEGISLATION REQUIRING MANIFESTING. CE MANIFESTE EST CONFORME AUX LEGISLATIONS FEDERALE ET PROVINCIALE SUR L'ENVIRONNEMENT ET LE TRANSPORT REQUIRANT UN MANIFESTE.

1006951-6

<p>A. CONSIGNOR (GENERATOR) / EXPEDITEUR (PRODUCTEUR)</p> <p>Province ID No. / # de la province</p> <p>Company Name / Nom de l'entreprise</p> <p>Full street address, including postal code, city, province, postal code, Canada postal / Adresse complète</p> <p>Shipping unit address / Adresse de l'unité</p> <p>City / Ville</p> <p>Province / Province</p> <p>Postal Code / Code postal</p> <p>Telephone No. / No. de téléphone</p> <p>Personnel Name / Nom du personnel</p> <p>Signature / Signature</p> <p>Date / Date</p> <p>Printed name, signature and telephone number for contact at generator</p>	<p>B. CARRIER (TRANSPORTER)</p> <p>Province ID No. / # de la province</p> <p>Company Name / Nom de l'entreprise</p> <p>Full street address, including postal code, city, province, postal code, Canada postal / Adresse complète</p> <p>City / Ville</p> <p>Province / Province</p> <p>Postal Code / Code postal</p> <p>Telephone No. / No. de téléphone</p> <p>Personnel Name / Nom du personnel</p> <p>Signature / Signature</p> <p>Date / Date</p> <p>Printed name, signature and telephone number for contact at transporter.</p>	<p>C. CONSIGNEE (RECEIVER) / DESTINATAIRE (RECEPTEUR)</p> <p>Province ID No. / # de la province</p> <p>Company Name / Nom de l'entreprise</p> <p>Full street address, including postal code, city, province, postal code, Canada postal / Adresse complète</p> <p>City / Ville</p> <p>Province / Province</p> <p>Postal Code / Code postal</p> <p>Telephone No. / No. de téléphone</p> <p>Personnel Name / Nom du personnel</p> <p>Signature / Signature</p> <p>Date / Date</p> <p>Printed name, signature and telephone number of person certifying receipt</p>	<p>1006951-6</p> <p>DO NOT WRITE IN THIS AREA IN / NE PAS ECRIRE DANS CET ESPACE</p> <p>Quantity received, L or Kg to correspond with A section</p> <p>Comments pertaining to discrepancies</p> <p>01 - 09 as listed on back of form</p> <p>If 09, describe</p> <p>Subsequent transfer, if applicable</p>
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Generator provincial registration number, G XXXX

Complete company name and address as indicated on generator application

Source of waste - LSD or street address

Receiver mailing address and registration number

Receiver location

Solid or Liquid

Waste (name)

Classification number, UN xxxx

If liquid, give volume in litres. If solid, give weight in kilograms.

Number corresponds to placard

Packing code I, II or III as per TDGA

Number and type of container as listed on back of form

Date and time shipment left generator

Estimated date of arrival

Printed name, signature and telephone number for contact at generator

Carrier provincial registration number, C XXXX

Motor Vehicle Registration Number

Receiver provincial registration number, R XXXX

Receiver name and mailing address

Receiver location

Date and time shipment received

If necessary, has treatment of the packaging or vehicle been carried out?

Quantity received, L or Kg to correspond with A section

Comments pertaining to discrepancies

01 - 09 as listed on back of form

If 09, describe

Subsequent transfer, if applicable

Printed name, signature and telephone number of person certifying receipt

Cross-reference to other manifests if necessary (serial transporters or previously shipped)

Receiver provincial registration number, R XXXX

Receiver name and mailing address

Receiver location

Date and time shipment received

If necessary, has treatment of the packaging or vehicle been carried out?

Quantity received, L or Kg to correspond with A section

Comments pertaining to discrepancies

01 - 09 as listed on back of form

If 09, describe

Subsequent transfer, if applicable

Printed name, signature and telephone number of person certifying receipt

INSTRUCTIONS ON REVERSE / INSTRUCTIONS AU VERSO

PRINT CLEARLY OR TYPE / DACTYLOGRAPHIER OU ECRIRE EN LETTRES MOULEES

PRESS HARD / APPUYER FORTEMENT

ENV. 06-1917 (03-86)

Mailed by Consignor (Generator) to Province of Consignee (Receiver) - Postée par l'expéditeur à la province du destinataire

N.B. Six copies produced

Deposition of paper copies listed on all six. Those mailed must be sent within 2 working days.

The back of the form lists codes and provides other information.