



Waste Shipment Instructions

This form may be filled out electronically using your computer:

- **Cursor will blink in the box currently being used**
- **The form can be saved to your computer at any time**
- **Use the “tab” key to advance to the next box**
- **Place your cursor in a box to go back**
- **Use the “enter” key to place or remove a check in a check box**
- **If interrupted before the form is completed, this document can be saved and finish at a later time**

When the form is completed and printed, please SIGN in the appropriate boxes. The final signature on the form will be completed by Metro Waste Authority when you present this form with your waste shipment.

WASTE SHIPMENT RECORD

ASBESTOS CONTAINING MATERIAL

24 Hour Response Telephone Number:

GENERATOR	1. Work Site Name and Mailing Address:			Owner's Phone No.		
	2. Operator's Name and Address:			Operator's Phone No.		
	3. Waste Disposal Site (WDS) Name, Mailing Address, and Physical Site Location:			WDS Phone No.		
	4. Name and Address of Responsible Agency: Iowa Department of Natural Resources 7900 Hickman Road, Urbandale, IA 50322					
	5. Description of Materials:		6. Containers:		7. Total Quantity:	
			No.	Type	m3	(yd3)
	8. Special Handling Instructions and Additional Information:					
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described as 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 & Title:						
TRANSPORTATION	10. Transporter 1 (Acknowledgement of Receipt of Materials)					
	Printed/Typed Name & Title:		Signature:		Month/Day/Year:	
	Address & Telephone No.:					
	11. Transporter 2 (Acknowledgement of Receipt of Materials)					
Printed/Typed Name & Title:		Signature:		Month/Day/Year:		
Address & Telephone No.:						
DISPOSAL	12. Discrepancy Indication Space:					
	13. Waste Disposal Site Operator: Certification of receipt of asbestos materials covered by this manifest					
	Printed/Typed Name & Title:		Signature:		Month/Day/Year:	