



PDF Form Instructions

This form may be filled out electronically and can be saved to your computer at any time, so if you don't have all information required or are interrupted.

- Cursor will blink in the box currently being used
- Use the "tab" key to advance to the next box
- To go back, place your cursor in that box
- Use the "enter" key to place or remove a check in a check box
- When you have finished the form, save the file to your computer
- Attach the file to an email to the email noted on the form.

ASBESTOS WASTE SHIPMENT RECORD

1. Work site name and mailing address:	Owner's Name:	Owner's Telephone No:
2. Operator's name and address:		Operator's Telephone No:
3. Waste disposal site (WDS) name, mailing address and physical site location:		WDS Phone No:
4. Name and address of responsible agency:		
5. Description of materials:	6. Containers No.: Type:	7. Total Quantity:
8. Special handling instructions and additional information:		
<p>9. OPERATORS CERTIFICATION: I hereby declare that the content of this consignment are fully and accurately described 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.</p>		
Print/type name and title:	Signature:	Date (M/D/YY):

TRANSPORTER

10. Transporter 1.: (Acknowledgment of receipt of materials)		
Print/type name and title, address and telephone no.	Signature:	Date (M/D/YY):
11. Transporter 2.: (Acknowledgment of receipt of materials)		
Print/type name and title, address and telephone no.	Signature:	Date (M/D/YY):

DISPOSAL SITE

12. Discrepancy indication space:		
<p>13. Waste disposal site Owner or operator certification of receipt of asbestos materials covered by this manifest except as noted in item 12.</p>		
Print/type name and title:	Signature:	Date (M/D/YY):

INSTRUCTIONS

Waste Generator Section (Items 1-9)

1. Enter the name of the facility at which asbestos waste is generated and the address where the facility is located. In the appropriate spaces also enter the name of the owner of the facility and the owner's phone number.
2. If a demolition or renovation, enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces also enter the phone number of the operator.
3. Enter the name, address and physical site locations of the waste disposal site (WDS) that will be receiving the asbestos materials. In the appropriate spaces, also enter the phone number of the WDS, enter *on-site* if the waste will be disposed of on the generator's property.
4. Provide the name and address of the local, State or EPA Regional Office responsible for administering the asbestos NESHAP program. (Iowa Department of Natural Resources, Wallace State Office Building, Des Moines, IA 50319-0084.)
5. Indicate the types of asbestos waste materials generated. If from a demolition or renovation, indicate the amount of asbestos that is:
 - Friable asbestos material
 - nonfriable asbestos material
6. Enter the number of containers used to transport the asbestos material listed in item 5. Also enter one of the following container codes used in transporting each type of asbestos material (specify any other type of container used if not listed below):
 - DM – Metal drums, barrels
 - DP – Plastic drums, barrels
 - BA – 6 mil plastic bags or wrapping
7. Enter the quantities of each type of asbestos material removed in units of cubic meters (cubic yards).
8. Use this space to indicate special transportation, treatment, storage or disposal or bill of lading information. If an alternate waste disposal site is designated note it here. Emergency response telephone numbers or similar information may be included here.
9. The authorized agent of the waste generator must read and then sign and date this certification. The date is the date of receipt by transporter.

NOTE: The waste generator must retain a copy of this form

Transporter Section (Items 10 & 11)

10. Enter name, address and telephone number of each transporter used, if applicable. Print or type the full
11. name and title of the person accepting responsibility and acknowledging receipt of materials as listed on this waste shipment record for transport. Enter date of receipt and signature.

Disposal Site Section (12 & 13)

12. The authorized representative of the WDS must note in this space any discrepancy between waste described on this manifest and waste actually received as well as any improperly enclosed or contaminated waste.
13. The signature (by hand) of the authorized WDS agent indicates acceptance and agreement with statements on this manifest except as noted in items 12. The date is the date of signature and receipt of shipment.
14. Note: The WDS must retain a completed copy of this form. The WDS must also send a completed copy to the operator listed in Item 2.