



## 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.

DELIVERING ENTITY	
Company Name	
Address	
Phone	
Contact Name	
Address of Shingle Source (Residential or Commercial Address)	

\_\_\_\_\_

Delivering Entity (*signature*)

\_\_\_\_\_

Date

---

TO BE COMPLETED BY METRO WASTE AUTHORITY

---

ACCEPTING ENTITY		
Company Name	<input type="checkbox"/> Metro Park East	<input type="checkbox"/> Metro Park West
Address	12181 NE University Ave. Mitchellville, IA 50169	2499 – 337 <sup>th</sup> St. Perry, IA 50220
Phone	515.333.4448	515.436.8252
Contact Name		
*IDNR Permit #		

\*If required

**(Check One)**     Post-consumer     Pre-consumer

We undersigned certify the following:

1. \_\_\_\_\_ tons of whole, unprocessed asphalt shingles have been delivered for processing  
(Report number of tons).
2. The delivered material is from a NESHAP exempt structure or documentation stating the material does not contain asbestos has been submitted. The material had not been in contact with hazardous wastes and consists of asphalt shingles and normal roofing debris only.

**FOR COMMERCIAL LOADS ONLY**

Delivered asphalt shingles have been tested or inspected in accordance with Iowa DNR protocol by \_\_\_\_\_, (provide trainee name and certification number) who has been trained to identify asbestos-containing materials (ACM) by \_\_\_\_\_ (provide training program name). Suspected ACM have been rejected.

\_\_\_\_\_

Accepting Entity (*signature*)

\_\_\_\_\_

Date