TRANSPORTER’S REGISTERED NAME: ___________________ ACCOUNT NO#: __________

DATE: ____________________

TRANSPORTER’S NJDEP NUMBERS – VEHICLE PLATE NUMBERS

VEHICLE: DEP# __________ DECAL# __________ PLATE# __________

TRAILER: DEP# __________ DECAL# __________ PLATE# __________

CONTAINER: DEP# __________ DECAL# __________ CUBIC YDS __________

WASTE TYPE(S): 10 13 13C 23 23D 23E 23F

25 27 27A 27B

WASTE ORIGIN – STATE (Circle): NJ PA NY MD DE OTHER

MUNICIPALITY(IES) COUNTY(IES) % OF TOTAL LOAD

_________________________________ __________________________

_________________________________ __________________________

_________________________________ __________________________

WASTE ORIGIN – STATE (Circle): NJ PA NY MD DE OTHER

MUNICIPALITY(IES) COUNTY(IES) % OF TOTAL LOAD

_________________________________ __________________________

_________________________________ __________________________

_________________________________ __________________________

ACCOUNT CHARGED TO: ______________________________

DRIVER’S CERTIFICATION: I hereby certify that the information provided on this form is true to the best of my knowledge.

______________________________

DRIVER’S SIGNATURE

OPERATOR’S VERIFICATION: I hereby verify that this form has been completed by the transporter identified above and that the waste identified by the transporter is permitted to be disposed of at this facility.

______________________________

OPERATOR’S SIGNATURE

FACILITY ID NO.: 132608
SCIA- SOLID WASTE DIVISION

FACILITY ID NO.: 132608
SCIA-SOLID WASTE DIVISION