

**REGULATED ASBESTOS MATERIAL
WASTE SHIPMENT RECORD**

TRANSPORTER SECTION

X. Transporter 1 (Acknowledgement of receipt of materials)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Fax: (____) _____

Signature Date Type or Print Name and Title

Rejected Materials (if any)	Destination

XI. Transporter 2 (Acknowledgement of receipt of materials)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Fax: (____) _____

Signature Date Type or Print Name and Title

Rejected Materials (if any)	Destination

DISPOSAL SITE SECTION

XII. Discrepancy indication space

XIII. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12

Signature Date Type or Print Name and Title