

Please print or type.

NOT TO BE USED FOR RCRA HAZARDOUS OR TSCA WASTES

Illinois Non-Hazardous Special Waste MANIFEST		1. Generator Illinois ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Number (See Instructions) Year-Seq #	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name				Illinois Special Waste Hauling Permit Number		
7. Transporter 2 Company Name				Illinois Special Waste Hauling Permit Number		
8. Designated Facility Name and Site Address				Facility Illinois ID Number		
Facility's Phone:						
9a.	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Illinois Waste Code
		No.	Type			
1.						
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I						
Generator's/Offoror's Printed/Typed Name			Signature		Month Day Year	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month Day Year	
Transporter 2 Printed/Typed Name			Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator)				U.S. EPAID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)					Month Day Year	
19. Non-Hazardous Waste Report Management Method Codes (i.e., codes for non-hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name			Signature		Month Day Year	

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY