**Illinois Non-Hazardous Special Waste MANIFEST**

1. **Generator**: Illinois ID Number
2. **Page 1 of**: 3
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))**

<table>
<thead>
<tr>
<th>No.</th>
<th>Type</th>
<th>Quantity</th>
<th>Unit</th>
<th>Illinois Waste Code</th>
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<tbody>
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<td>1</td>
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</tbody>
</table>

10. **Containers**

11. **Total**

12. **Unit**

13. **Illinois Waste Code**

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.

Generator/Offeror’s Printed/Typed Name

Signature

Month Day Year

16. **International Shipments**

☐ Import to U.S.  ☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter signature (for exports only):

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**

☐ Quantity  ☐ Type  ☐ Residue  ☐ Partial Rejection  ☐ Full Rejection

Manifest Reference Number:

18b. **Alternate Facility (or Generator)**

Facility’s Phone:

Signature

Month Day Year

18c. **Signature of Alternate Facility (or Generator)**

Signature

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

PART ONE - DESIGNATED FACILITY COPY