

Treatment Methods

EPA Waste Number	Description of the Manner in Which the Waste Will Be Treated, Stored, or Disposed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Shipping Information

Country of Origin: _____
Mode of Transportation: _____
Type(s) of Container(s): _____
Countries of Transit: _____

Country	Entry Date	Exit Date	Port
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification

I certify under penalty of law that the information submitted in this document and all attachments is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature _____ Name and Title (Print or Type) _____ Date Signed _____