

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 |
| _____ | _____ | _____ |