Addendum to ADVF for Transportation and Disposal of AWCM
SAMPLE

Contractor: __(Name of Contractor Requesting ADVFs)___ Date: _(3/30/06)___
ADVF # - LA _(ADVF # for a particular day)_____

Transporter, Truck No, Driver Initials	Cubic Yards	Cubic Yards	Cubic Yards	Cubic Yards	Cubic Yards	Subtotal
(XYZ as noted on the AAC-2), # 14 jgm	40	30	40			110
(ABC as noted on the AAC-2), # 18 mmm	25	30	30	25		110
(DZA as noted on the AAC-2), # 22 qjj	40	40	35	40		155
Daily Totals					**Truck Count**	11
					Total Yardage	375

Contractor Certification of Accuracy
I certify that the transporter information pertaining to this ADVF is true and correct.

Name (print) ___(John Smith)____ **Signature** ___**(John Smith)**__

Title (print) __(Field Supervisor)__ **Contact Ph No.** _____

Landfill Operator Certification of Loads Received **AI No.** ___**(999999)**_____
I certify that the loads stated above were received and disposed.

Name (print) __(Jenny Jones)____ **Landfill:** ___**(**QRZ Sanitary Landfill)____

Title (print) __(Operator Supervisor)___ **Signature** ___**(**Jenny Jones**)**_____