SPECIAL WASTE MANIFEST		Manifest Document No.	Page 1 of

GENERATOR

Generator's Name	Generator's Address	Generator's Telephone No.
Origin of Special Waste (Project or Spill Location):		
Transporter #1 Company Name	Address	Telephone No.
Transporter #2 Company Name	Address	Telephone No.
Destination Facility Name/Site Address	Facility ID (Permit) Number	Telephone No.

Type and Proper Name of Special Waste	Container(s) No.	Type	Total Quantity	Unit Wt/Vol	

Additional Descriptions for Special Waste Listed Above:

Special Handling Instructions:

GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described above by type and proper name of the special waste, and that such waste has been managed, packaged, containerized and labeled in accordance with the requirements of 20.9.8 NMAC (Special Waste Requirements) in addition to any other applicable federal, state or local regulations.

Printed/Typed Name:	Signature:	Date:

TRANSPORTER

Transporter 1 Acknowledgement of Receipt of Special Waste

Printed/Typed Name:	Signature:	Date:

Transporter 2 Acknowledgement of Receipt of Special Waste

Printed/Typed Name:	Signature:	Date:

FACILITY

Discrepancy Indication Space:

Facility Owner or Operator: ***I hereby acknowledge receipt of the special waste as indicated upon this manifest, except as noted above in the Discrepancy Indication Space.***

Printed/Typed Name:	Signature:	Date: