

ASBESTOS WASTE SHIPMENT RECORD

GENERATOR SECTION

1) Asbestos Project Permit Number:	Project Number:
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2) Facility Name:	Sequence Number:
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Facility Address:	City:	Zip Code:
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Facility Owner's Name:	Telephone:
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3) Operator's Name:

Address:	City:	Zip Code:
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Project Contact:	Telephone:
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4) Waste Disposal Facility Name:

Physical Location:	City:	Zip Code:
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Facility Contact Name:	Telephone:
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Mailing Address:	City:	Zip Code:
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Responsible Agency for administering the Montana Asbestos Control Program: The Asbestos Control Program with the Montana Department of Environmental Quality, 1520 E. 6th Ave. Helena, MT 59601. (ph.) 406-444-5300 and (fax) 406-444-1374 or (email)

5) Description of Materials	Container Type and Count	Total Quantity in Cubic Yards
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	/	
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6) Special Handling Instructions and Additional Information:

7) Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked/labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Signature:	Date:	Printed Name and Title:
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TRANSPORTER SECTION

8) Transporter 1 (Acknowledgment of receipt of materials)

Transporter Name:	Telephone:
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Address:	City:	Zip Code:
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Signature:	Date:	Printed Name:
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MTA Number:	Expiration Date:
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Transporter 2 (Acknowledgment of receipt of materials)

Transporter Name:	Telephone:
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Address:	City:	Zip Code:
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Signature:	Date:	Printed Name:
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MTA Number:	Expiration Date:
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DISPOSAL SITE SECTION

9) Authorized Representative of the waste disposal facility: Certification of receipt of asbestos materials covered by this Waste Shipment Record except for any noted discrepancies listed below.

Signature:	Date:	Printed Name:
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Title:	Telephone Number:
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Additional notes and other considerations in regards to this Waste Shipment Record:

INSTRUCTIONS

- 1) Enter the Asbestos Project Permit Number issued by the Asbestos Control Program that represents the generated asbestos containing waste. The project number is optional and is intended for owner/operator convenience.
- 2) Enter the name of the facility at which asbestos waste is generated and the address where the facility is located. In the appropriate spaces, enter the name of the owner of the facility and the owner's phone number. Sequence Number is optional and is intended for owner/operator convenience to track the number of Waste Shipment Records.
- 3) Enter the name and address of the company and authorized agent responsible for performing the asbestos removal. In the appropriate spaces, also enter the project contact and telephone number.
- 4) Enter the name of the Montana approved class II or IV disposal facility, the physical location, the facility contact name and telephone number, and the disposal facility mailing address.
- 5) Provide a Description of Material i.e. (TSI-mudded fitting, Surfacing-deck fireproofing, Miscellaneous-window glazing). List the type of container i.e. (6 mil poly bags, lined roll-off, drums or other containers) and the count of the container type. Report the total quantity in cubic yards.
- 6) Special Handling Instructions and Additional Information is intended to note special transportation, treatment, storage, disposal, or bill of lading information.
- 7) The generator's authorized agent shall agree and sign the certification that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations, including the Montana Asbestos Control Act and rules adopted thereunder. The generator's authorized agent must read, sign, and date. The date is the date of receipt by the transporter.
- 8) The transporter must either be accredited by the Asbestos Control Program as an asbestos project worker or asbestos contractor/supervisor or be escorted by a Montana accredited contractor/supervisor or worker. Transporter must print name, date of receipt of asbestos containing waste material, and sign. Transporter 2 is intended for use when asbestos containing waste materials are stored for disposal at a later date in accordance with ARM 17.74.369. The transporter(s) or escort(s) Montana Accreditation (MTA) number and expiration date must be entered in the provided space.
- 9) The authorized representative of the disposal facility must sign; provide the date of receipt, print name and title. Note any discrepancies of the waste received in provided space.

Note: The waste generator, transporter, and waste disposal site must each retain copies of this form. The waste disposal site must send a completed copy of the form to the owner named in Part 2.

27 cubic foot = 1 cubic yard, and 3 feet = 1 yard.