

Massachusetts Asbestos Waste Shipment Record

MassDEP Asbestos Notification Number _____

G E N E R A T O R	Work Site		
	Name & Address of Facility or Work Site _____		
	Owner/Operator (Generator) Name _____	Telephone Number _____	
	Asbestos Abatement Project		
	Name & Address of Asbestos Contractor _____		
	Department of Labor Standards (DLS) License Number _____	Contact Person Name (If Different From Above) _____	Telephone Number _____
Asbestos-Containing Waste Material (ACWM) - Specify Type & Amount Generated			
<input type="checkbox"/> Friable	<input type="checkbox"/> Non-Friable		
Quantity in Cubic Meters (Cubic Yards) _____	Quantity in Cubic Meters (Cubic _____		
Containers Used for Shipment of ACWM - Specify Type & Number Used			
<input type="checkbox"/> Drums/Barrels _____	<input type="checkbox"/> 6-Mil Plastic Bags/Wrap _____	<input type="checkbox"/> Other: _____	
Number _____	Number _____	Specify _____ Number _____	
Work Site Owner/Operator Certification: "I hereby certify that the contents of this shipment are fully and accurately described above and that they have been characterized, packaged, marked and labeled in accordance with 310 CMR 7.15."			
		Certification Date (MM/DD/YYYY) _____	
Signature _____	Print Name _____	Title _____	
T R A N S P O R T E R 1	Name & Address of Company or Person Transporting ACWM _____		
	Contact Person Name (If Different From Above) _____	Telephone Number _____	
	Date ACWM Was Picked Up (MM/DD/YYYY) _____		
	Transporter # 1 Certification: "I hereby certify that the contents of this shipment are in all respects in the proper condition for transport according to applicable international, federal, state and local regulations."		
	Certification Date (MM/DD/YYYY) _____		
Signature _____	Print Name _____	Title _____	
T R A N S P O R T E R 2	Name & Address of Company or Person Transporting ACWM _____		
	Contact Person Name (If Different From Above) _____	Telephone Number _____	
	Date ACWM Was Picked Up (MM/DD/YYYY) _____		
	Transporter # 1 Certification: "I hereby certify that the contents of this shipment are in all respects in the proper condition for transport according to applicable international, federal, state and local regulations."		
	Certification Date (MM/DD/YYYY) _____		
Signature _____	Print Name _____	Title _____	
D I S P O S A L S I T E	Name & Address of Company or Person Operating Disposal Site _____		
	City/Town _____	State _____ ZIP Code _____	
	Contact Person Name (If Different From Above) _____	Telephone Number _____	
	Date Shipment Was Received (MM/DD/YYYY) _____		
	Indicate Any Discrepancies _____		
	Disposal Facility Certification: "I hereby certify that (1) the quantity of ACWM listed on this asbestos waste shipment record is the same as the quantity accepted for disposal and (2) this facility holds the appropriate permits and/or authorizations to accept for disposal the ACWM described."		
Signature _____	Print Name _____	Title _____	