Permit to Transport

Hazardous Waste Generator's Name:
Address:
DENR ID No.:
Tel. No.:
Fax No.:
E-mail:

Payment O.R. No.:
Date of Payment:
Amount:

Permit to Transport Number:

Waste Class and Waste Number

1. **HW Number:**
   Name Description:
   Quantity (MT):

2. **HW Number:**
   Name Description:
   Quantity (MT):

3. **HW Number:**
   Name Description:
   Quantity (MT):

Transport Type: ☐**Land** ☐**Land and Water**

Land Transporter:
Company Name:
Address:
DENR ID No.:
Validity

2nd Land Transporter:
Company Name:
Address:
DENR ID No.:
Validity

Treater:
Company Name:
Address:
DENR ID No.:
Validity

I hereby declare that the content of this consignment are fully describe above and are classified, packed, marked and labeled and in all respect in proper condition to transport to approved TSD facility in accordance with applicable national regulations.

Signed by Owner or Authorized Representative:

Signature over printed name:
Designation:
Date Signed: