

Waste Oil Transfer Authorization Form

Generator Information

Company Name:

Address:

Contact Person:

Phone Number:

Recipient Information

Receiving Facility:

Address:

Contact Person:

Phone Number:

Waste Oil Details

Type of Waste Oil:

Quantity (liters):

Date of Transfer:

Transporter Name:

Authorization & Signatures

Generator Authorized Representative:

Signature

Recipient Authorized Representative:

Signature

Date:

Date: