

# Asbestos Waste Transport Manifest

## 1. Generator (Origin of Waste)

Name/Company

Address

Phone

Contact Person

Site Location

Date Waste Generated

## 2. Description of Asbestos Waste

Description/Type	Number of Containers	Type of Containers	Total Weight (kg)

## 3. Transporter

Name/Company

Vehicle Registration No.

Driver's Name

Address

Phone

## 4. Waste Destination (Disposal Facility)

Name/Facility

Address

Phone

Contact Person

Date Received

---

**5. Certification & Signatures**

Generator’s Signature

Transporter’s Signature

Facility Signature

Date

Date

Date

---