

Biohazard Medical Waste Transport Declaration

GENERATOR INFORMATION

Facility Name**Address****City****State****Zip Code****Contact Person****Phone**

TRANSPORTER INFORMATION

Company Name**Driver's Name****Vehicle ID****Phone**

WASTE DESCRIPTION

Type of Waste**Total Quantity (weight/volume)**

Number of Containers**Container Type****Additional Notes****CERTIFICATION & SIGNATURES**

Generator Signature

Date

Transporter Signature

Date