

Waste Commission of Scott County VSQG Shipping Paper

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FROM:
VSQG Business: _____
Address: _____
City/State/Zip Code: _____
Phone: _____

EPA ID NUMBER:
IAR 000 002 600

TO:
 Waste Commission of Scott County
 Household Hazardous Material Facility
 11555 110th Avenue
 Davenport, IA 52804

Waste Description (including Proper DOT Shipping Name, Hazard Class, & ID Number)	Containers No./Size	Total Quantity (Weight)
1.		
2.		
3.		
4.		
5.		
6.		

Emergency contact Person (Other than driver) & Phone Number:					
Emergency Response Guide Number:					
1.	2.	3.	4.	5.	6.

VSQG CERTIFICATION [49 CFR 172.204 (a)(2)] I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, labeled and are in all respects in proper condition for transportation by highway according to applicable national and international government regulations. In addition, all materials will be transported in accordance with all transportation guidelines.		
CESQG Business Representative (Printed Name):	Signature:	Date:
Driver (Printed Name):	Signature:	Date:

