



ASBESTOS WASTE PROFILE SHEET

Waste Profile #:

I. Generator Information

Generator Name:			
Site Address:			
City:	County:	State:	Zip:
Generator Mailing Address (if different):			
City:	County:	State:	Zip:
Generator Contact Name:			
Phone:		Fax:	

II. Transporter Information

Transporter Name:		Contact Name:	
Transporter Address:			
City:	County:	State:	Zip:
Phone:	Fax:		

III. Transportation Information

Type of Waste:	<input type="checkbox"/> Industrial Process Waste	<input type="checkbox"/> Pollution Control Waste
Physical State:	<input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Powder	<input type="checkbox"/> Liquid <input type="checkbox"/> Other:
Method of Shipment:	<input type="checkbox"/> Bulk <input type="checkbox"/> Drum <input type="checkbox"/> Bagged	<input type="checkbox"/> Other:
Frequency:	<input type="checkbox"/> One Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Other: _____
Project Term:	Total Volume (CY):	

IV. Physical Characteristic of Waste

Waste Description:			
This asbestos waste is	<input type="checkbox"/> Friable	<input type="checkbox"/> Non-Friable	
This asbestos waste is from:	<input type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	
Special Handling Instruction:			
Asbestos Content (if available): _____ (ppm)			

V. Generator Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify and hold harmless this facility, employees and assigns against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this profile sheet as provided by ACMS, Inc.

_____	_____
Authorized Representative Name & Title	Company Name
_____	_____
Authorized Representative Signature	Date

VIII. ACMS, Inc. Decision

<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED	Expiration Date: _____
Conditions:		
_____	_____	_____
Name, Title	Signature	Date