

CONSOLIDATED TRANSPORTER NOTIFICATION

1. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles):	2. Transporter Registration Number <div style="border-bottom: 1px solid black; height: 20px;"></div>
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3. Business Address Number/Street	City	County/Province	State/Country	Zip/Postal Code
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4. Mailing Address (If different) P.O. Box/Street	City	County/Province	State/Country	Zip/Postal Code
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5a. Telephone Number (Ext. Number) ()	6. Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet.
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5b. Fax Number ()	
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5c. E-mail Address	
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7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2. [Check all applicable box(es)]:

A. Used oil B. Contents of an oil/water separator C. Solids contaminated with used oil D. Brake fluid E. Antifreeze F. Antifreeze sludge G. Parts cleaning solvents, including aqueous cleaning solvents H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process I. "Paint-related" wastes, including paints, thinners, filters, and sludges	J. Spent photographic solutions K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents) L. Filters, lint, and sludges contaminated with dry cleaning solvent M. Asbestos and asbestos-containing materials N. Inks from the printing industry O. Chemicals and laboratory packs collected from K-12 schools P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c) Q. Filters from dispensing pumps for diesel and gasoline fuels
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8. Name and Title of Authorized Representative (print or type): _____

Signature of Authorized Representative	Use blue or other non-black ink	Date
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Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (HSC) Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

Transportation Unit Representative	Received date
(Print or type name)	Expiration date
	DTSC acknowledgement date

CONSOLIDATED TRANSPORTER NOTIFICATION

1. BUSINESS NAME -

- Enter the name, the “DBA” (doing business as) name, or fictitious name under which you are doing business. This will be the same name that will appear on the Registration Certificate issued by DTSC, the Certificate of Insurance for Public Liability Coverage (Form DTSC 8038), and the Endorsement for Motor Carrier Policies of Insurance for Public Liability (Form MCS-90).
- If you have more than one DBA or fictitious name, you must apply for a separate registration for each DBA or fictitious name under which you will transport hazardous waste.

2. TRANSPORTER REGISTRATION NUMBER - Enter your current Registration Number.

3. BUSINESS ADDRESS - Enter the complete business address.

4. MAILING ADDRESS - Enter the complete mailing address.

5. CONTACT NUMBERS - Enter the telephone number, fax number and e-mail address of the business contact person.

6. IDENTIFICATION NUMBER (Also Known as EPA ID Number) -

If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers used by your company on these manifests.

7. Check all applicable boxes of wastestreams that you plan to transport under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2.

8. The business owner or officer who is authorized to make decisions for the business shall sign in the space provided. Enter the full printed name and title of the person signing the form, and the date that the form was signed. Since the original signature is required on the form, please **use blue or other non-black ink.**