



Commonwealth of the Northern Mariana Islands
Office of the Governor
Division of Environmental Quality

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Print with Black Ink Pen/Type Clearly

USED/WASTE OIL MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST		1. GENERATOR'S U.S. EPA ID No.		2. Page 1 of		Date:	
Generator's Name and Mailing Address			Generator's Phone No. ()				
Transporter 1 Company Name				Transporter 1 Phone No.:			
Transporter 2 Company Name				Transporter 2 Phone No.:			
Transporter 3 Company Name				Transporter 3 Phone No.:			
Designated Facility Name and Site Address				Facility's Phone No.:			
Waste Description (Including Proper shipping name, Hazard Class)			Containers		Total Quantity	Unit Wt/Vol.	
			Number	Type			
Additional Description for Materials Listed Above				Handling Codes for Wastes Listed Above			
Special Handling Instructions and Additional Information							
NOTE: Generator must attach shipping "MANIFEST" after completion of transporting materials and submit to DEQ office.							
GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations.							
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002(b) of RCRA. I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.							
Printed/Typed Name			Signature		Mon Day Year 		
Transporter 1 Acknowledge of Receipt of Materials							
Printed/Typed Name			Signature		Mon Day Year 		
Transporter 2 Acknowledge of Receipt of Materials							
Printed/Typed Name			Signature		Mon Day Year 		
Discrepancy Indication Space							
Facility Owner or Operator: Certification of receipt of hazardous materials/used oil covered by this manifest.							
Printed/Typed Name			Signature		Mon Day Year 		