CA Comprehensive Trip Log & Manifest Receptis

EXAMPLE 123

Blue or Black Ink Pen

State of California
CIWMB-XXX (05/04)

INSTRUCTIONS ON BACK **DO NOT TAPE, STAPLE OR DUPLICATE**

California Integrated Waste Management Boar
PO Box 1259, Sacramento, CA 95812-125

Comprehensive Trip Number

C9-1234567

By signing this CA Uniform Waste and Used Tire Manifest, the signer(s) requests that the information provided on this form will be considered confidential, proprietary and/or a trade secret. In accordance with Title 14, CCR, Section 17041 et seq., if a request is made for disclosure of this information, the CIWMB will contact the signer(s) of this form at the address and telephone number provided on this manifest.

Vehicle Information

Decal Number

0 -

License Plate Number **State**

Hauler

Business Name

Address

City, State, Zip

I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct. In addition, I am aware that falsification of this information may result in suspension, revocation, or denial of renewal of the Waste Tire Hauler Registration pursuant to Public Resources Code section 42960 and may result in civil penalties up to $25,000 per day, per violation or administrative penalties up to $5,000 per violation per day as described in Public Resources Code section 42962.

Driver's Name (print) **Driver's Signature** **Date**

Draft

Customer Manifest Receipt A

Comprehensive Trip Number C9-1234567

Hauler Tire Program ID **Site Suffix**

-

Hauler Phone Number

Load Information

☐ Pick Up ☐ Delivery

Date / /

Type ☐ Whole Tire Count ☐ Weight in Pounds ☐ Volume Cubic Yards ☐ Weight in Tons

Amt .

Whole Numbers only for Whole Tire Count — Decimal

Facility Information

Facility Tire Program ID **Site Suffix**

-

Facility's Business Phone

( ) -

Facility Business Name/Address (Stamp or Label OK)

Initials

I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Customer Manifest Receipt B

Comprehensive Trip Number C9-1234567

Hauler Tire Program ID **Site Suffix**

-

Hauler Phone Number

Load Information

☐ Pick Up ☐ Delivery

Date / /

Type ☐ Whole Tire Count ☐ Weight in Pounds ☐ Volume Cubic Yards ☐ Weight in Tons

Amt .

Whole Numbers only for Whole Tire Count — Decimal

Facility Information

Facility Tire Program ID **Site Suffix**

Facility's Business Phone

( ) -

Facility Business Name/Address (Stamp or Label OK)

Initials

I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Customer Manifest Receipt C

Comprehensive Trip Number C9-1234567

Hauler Tire Program ID **Site Suffix**

-

Hauler Phone Number

Load Information

☐ Pick Up ☐ Delivery

Date / /

Type ☐ Whole Tire Count ☐ Weight in Pounds ☐ Volume Cubic Yards ☐ Weight in Tons

Amt .

Whole Numbers only for Whole Tire Count — Decimal

Facility Information

Facility Tire Program ID **Site Suffix**

Facility's Business Phone

( ) -

Facility Business Name/Address (Stamp or Label OK)

Initials

I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Draft