

Carrier Name
Address

Transportation of Dangerous Goods
<b>Bill of Lading</b>
Date

<b>Consignor</b> (Source of Materials)
Company Name;
Mailing Address
Shipping Site Address
City                      Prov.      Postal

<b>Consignee</b> (Receiver)
Same as intended Consignee?    Yes    No
Company Name;
CITY OF PRINCE ALBERT
Mailing Address
1084 CENTRAL AVE
City                      Prov.      Postal
P.A.                      SK                      56V 7P3
Receiving Site Address
P.A. LANDFILL
City                      Prov.      Postal
HWY # 2 NORTH

Physical State of Materials (Solid or Liquid)
SOLID
Shipping Name of Waste
ASBESTOS, WHITE
Waste Identification (UN No.)
UN 2590
Quantity Shipped Bags/Boxes & (Kg.)
Classification
CLASS 6.1
Packing Group No.
PG III
Special Handling/Emergency Number
Date Shipped                      Time
Consignor Certification ( Person in charge of Job)
I declare that the information shown above is correct and complete
Print                                      Signature                                      Phone

Date Received                      Day/Month/Year
Quantity Received
Print Name of Consignee's Representative (LANDFILL AT)
Signature of Consignee's Representative