

**Used Antifreeze
Consolidation Program
Operating Log**

Name/address Shipped from (Generator)	Name/address Shipped to (HQs or Recycling facility)	Quantity	Date Shipped

Shipping Paper

SHIP FROM:		SHIP TO:	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
ROUTE:		VEHICLE NUMBER:	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.</p>			
SHIPPING PAPER			
No. & Size of Drums	DESC. OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS		Date
	Used antifreeze for recycling		
SHIP FROM CONTACT (shipper name):		SHIP TO CONTACT:	
AUTHORIZED SIGNATURE:		AUTHORIZED SIGNATURE:	