

# Waste Commission of Scott County VSQG Shipping Paper

Page \_\_\_ of \_\_\_

**FROM:**  
**VSQG Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**EPA ID NUMBER:**  
**IAR 000 002 600**

**TO:**  
 Waste Commission of Scott County  
 Household Hazardous Material Facility  
 11555 110<sup>th</sup> Avenue  
 Davenport, IA 52804

Waste Description (including Proper DOT Shipping Name, Hazard Class, & ID Number)	Containers No./Size	Total Quantity (Weight)
1.		
2.		
3.		
4.		
5.		
6.		

Emergency contact Person (Other than driver) & Phone Number:					
Emergency Response Guide Number:					
1.	2.	3.	4.	5.	6.

<b>VSQG CERTIFICATION [49 CFR 172.204 (a)(2)]</b> I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, labeled and are in all respects in proper condition for transportation by highway according to applicable national and international government regulations. In addition, all materials will be transported in accordance with all transportation guidelines.		
CESQG Business Representative (Printed Name):	Signature:	Date:
Driver (Printed Name):	Signature:	Date:

