

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)														
COMPANY NAME:			OPERATOR/BA CODE (GENERATOR):			COMPANY NAME:			CITY:			PROV:						
ADDRESS:				ADDRESS:						POSTAL CODE:								
CITY:		PROV:		POSTAL CODE:		DATE:		UNIT NO:		TELEPHONE:		FAX:						
SOURCE SITE LOCATION (SURFACE LOCATION):				Certification - I declare that I have received wastes as offered by the Generator in PART A for delivery to the Intended Receiver and that the information contained in PART B is correct and complete.														
LICENCE TYPE (W.P.F.) & LICENCE NUMBER:				NAME (PRINT):					SIGNATURE:									
INTENDED RECEIVER:				C) RECEIVER (CONSIGNEE)														
				COMPANY NAME:			CITY:			PROV:								
CITY:				PROV:		ADDRESS:						POSTAL CODE:						
RECEIVING SITE LOCATION:				RECEIVING SITE LOCATION:						OPERATOR CODE/BA CODE:								
WASTE CODE	D(DOW) or N(NON-DOW)	UN NUMBER	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW		CLASS	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAN- DLING CODE	TRANS DECON
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:												IF HANDLING CODE "01","02" OR "21" SPECIFY:						
DATE SHIPPED:						TIME SHIPPED:						DATE RECEIVED:				TIME RECEIVED:		
I declare that the information in Part A is correct and complete. I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations										TELEPHONE / CELLULAR:				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.				
NAME OF AUTHORIZED PERSON (PRINT):										SIGNATURE:								
COMMENTS												Certification - I declare that the information contained in PART C is correct and complete.						
												NAME OF AUTHORIZED PERSON (PRINT):						
												TELEPHONE:						
												SIGNATURE:						

To order forms, phone 403-297-8311.

FORM COMPLETION INSTRUCTIONS

- Distribution:
1. Generator completes PART A and has transporter complete PART B. Generator retains one copy.
 2. Transporter carries 3 copies with shipment and gives them to the receiver. **Note: If a serious discrepancy is the result of an activity by the transporter (e.g., truck spill), the transporter must notify the generator within 24 hours.**
 3. Receiver completes Part C, noting any discrepancies, then returns one copy to the transporter and one copy to the generator (to be sent no later than 30 days after the waste shipment date) and retains one copy. **Note: If a serious discrepancy is noted, the generator and transporter must be notified within 24 hours.**
 4. Upon being notified of a serious discrepancy, the generator investigates the discrepancy and takes corrective action. **The AER must be notified immediately if a serious discrepancy is noted. If the generator cannot reconcile discrepancies within 60 days after the date of the waste shipment, the AER must be notified.** Investigation results and corrective action are to be reported in the comments section.
 5. Companies wishing to use the form for non-dangerous oilfield wastes must indicate on the form that the waste is non-dangerous.

NOTE: All parties must retain FORM copies and supporting data for a minimum of 2 years.

Completion: Some information listed below may not be applicable in all situations.

Part A – Generator (Consignor)

- Identify **Company Name, Operator/Business Associate Code** (AER-assigned codes), and **Business Address**.
- Identify **Source Site Location** (reported as **LSD-Sec-Twp-RgeW M**), **Licence Type** (**W** - Well, **P**- Pipeline, **F**- Facility), and **Licence Number** (AER-assigned codes).
- Identify **Intended Receiver and Receiving Site Location** (reported as **LSD-Sec-Twp-RgeW M**).
- Identify **Waste Code** (AER assigned codes; see Appendix 7.0 of *Directive 058*).
- Identify if the waste is non-dangerous (**N**) or dangerous (**D**).
- **UN Number** - Obtained from *Transportation of Dangerous Goods Regulation (TDGR)*.
- **TDG Shipping Name** (DOW) from *TDGR* or **Common Name** (non-Dow).
- **Classification** - Obtained from *TDGR*.
- **Packing Group:** I - Very Dangerous
II - Dangerous
III - Moderately Dangerous
- **Quantity Shipped** - Report to nearest 0.01 tonne, 0.01 m³, 0.1 kilogram, 0.1 litre.
- Indicate **Units** of shipment (t = tonne, m = m³, kg = kilogram, L = litre).
- Identify the **Number** and **Code** of Packaging 01- drum 02 - tank 03 - bulk 04 - carton
05 - bag 06 - roll-off or lugger 07 - other
- **Handling Code** - See Part C – Receiver (Consignee) for appropriate handling code.
- Special Handling/Emergency Instructions - Self-explanatory.
- Identify **Date** and **Time Shipped**.
- Print **Name, Telephone/Cellular Numbers**, and **Sign** form.
- Provide **24-Hour Emergency Telephone Number**.

Part C – Receiver (Consignee)

- Identify **Company Name** and **Business Address**.
- Identify **Receiving Site Location** (reported as **LSD-Sec-Twp-RgeW M**), and **Operator Code/BA Code** (AER-assigned codes).
- **Quantity Received** - Report to nearest 0.01 tonne, 0.01 m³, 0.1 kilogram, 0.1 litre.
- Indicate **Units** of shipment (t = tonne, m = m³, kg = kilogram, L = litre).
- Identify **Oil/Water/Solid %**.
- **Handling Code** - Enter code for method of handling (refer to disposal methods in Appendix 8.0 of *Directive 058*):

01 Storage Facility (specify final treatment/disposal)	13 Biodegradation Facility
02 Transfer Station (specify final treatment/disposal)	14 Small Oilfield Waste Incinerator
03 Oilfield Waste Processing Facility	15 Used Oil Recycler
04 Class Ia Disposal Well	16 Recycling Facility (excluding used oil)
05 Class Ib Disposal Well	17 Swan Hills Facility
06 Class II Disposal Well	18 Road Spreading
07 Cavern	19 Biodegradation (on-site)
08 Class I Landfill	20 Burial (on-site)
10 Class II Landfill	21 Other (specify)
11 Class III Landfill	22 Waste Transport by Pipelines
12 Thermal Treatment	23 Manufacturer
- **Transporter Decontaminated** - Enter Yes or No.
- Identify **Date** and **Time Received**.
- Identify **Discrepancies** - Self-explanatory.
- Print **Name** and **Telephone Number**, and **Sign** form.

Part B – Transporter (Carrier)

- Identify **Company Name, Business Address, Date**, truck **Unit No.**, and **Telephone** and **Fax** numbers.
- Print **Name** and **Sign** form.

Comments:
