

Consolidated Transporter Notification

DTSC Form 1299 (Revision 12/2021)

1. Business Name (Show DBA name, show name exactly as it will appear on registration; the same name or trademark is required on all vehicles):

2. Transporter Registration Number: _____

3. Business Address: _____
Street

City State County ZIP Code

4. Mailing Address (if different from above): _____
Street/P.O. Box

City State County ZIP Code

5. a) Telephone Number: _____ b) Fax Number: _____
(ext.)

c) E-mail Address: _____

6. Hazardous Waste EPA Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code, section 25160(b)(5)(A), you must provide all the transporter and facility EPA identification numbers (12 characters) used by your company on these manifests. If necessary, list additional EPA identification numbers on a separate sheet.

a) _____ b) _____

c) _____ d) _____

7. Hazardous Waste Streams. I intend to transport the following hazardous waste stream under the consolidated manifesting procedure, as described in Health and Safety Code, section 25160.2. Check all applicable boxes.

- A. Used oil
- B. Contents of an oil/water separator
- C. Solids contaminated with used oil
- D. Brake fluid.
- E. Antifreeze
- F. Antifreeze sludge
- G. Parts cleaning solvents, including aqueous cleaning solvents
- H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process
- I. "Paint-related" wastes, including paints, thinners, filters, and sludges
- J. Spent photographic solutions
- K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone-based solvents)
- L. Filters, lint, and sludges contaminated with dry cleaning solvent
- M. Asbestos and asbestos-containing materials
- N. Inks from the printing industry
- O. Chemicals and laboratory packs collected from K-12 schools
- P. Absorbents contaminated with other wastes listed in Health and Safety Code, section 25160.2(c)
- Q. Filters from dispensing pumps for diesel and gasoline fuels
- R. Retail wastes

8. Name and Title of Authorized Representative

Name (print or type)

Title

Signature of Authorized Representative (use blue on other non-black ink) **Date**

Note: Keep this Consolidated Transporter Notification signed by DTSC with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of waste stream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (HSC), section 25165(a) and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC, section 25160.2(d).

Do Not Write Below This Line (For DTSC Use Only)

Transporter Unit Representative: _____ Received Date: _____

Print or Type Name: _____ Expiration Date: _____

DTSC Acknowledgement Date: _____

Consolidated Transporter Notification Instructions

1. Business Name

- Enter the name, the doing business as (DBA) name, or fictitious name under which you are doing business. This will be the same name that will appear on the Registration Certificate issued by DTSC, the Certificate of Insurance for Public Liability Coverage (DTSC Form 8038), and the Endorsement for Motor Carrier Policies of Insurance for Public Liability (Form MCS90).
- If you have more than one DBA or fictitious name, you must apply for a separate registration for each DBA or fictitious name under which you will transport hazardous waste.

2. Transporter Registration Number

Enter your current registration number.

3. Contact Number

Enter the telephone number, fax number and e-mail address of the business contact person.

4. Business Address

Enter the complete business address.

5. Mailing Address

Enter the complete mailing address.

6. Hazardous Waste EPA Identification Numbers

If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code, section 25160(b)(5)(A), you must provide all the transporter and facility EPA identification numbers used by your company on these manifests.

7. Hazardous Waste Streams

Check all applicable boxes of waste streams that you plan to transport under the consolidated manifesting procedure as described in Health and Safety Code, section 25160.2.

8. Authorized Representative

The business owner or officer who is authorized to make decisions for the business shall sign in the space provided. Enter the full printed name and title of the person signing the form, and the date that the form was signed. Since the original signature is required on the form, please use blue or other non-black ink.