

**INSTRUCTIONS FOR COMPLETING  
THE TRANSPORTER REPORT**

**INTRODUCTION**

This package is prepared by the Mississippi Department of Environmental Quality for transporters, which were required to complete a Uniform Hazardous Waste Manifest for shipment of hazardous waste, to report their hazardous waste activities for the Reporting Year. This information will be used to facilitate waste capacity studies, waste tracking, and to support State hazardous waste programs.

**Authority**

Your business may be required to complete this report under the Mississippi Hazardous Waste Management Regulations as adopted by the Mississippi Commission on Environmental Quality on October 26, 1990. These regulations require hazardous waste transporters to submit to the State on an annual basis an Identification and Certification Form.

**Overview of the Transporter Report**

To determine if you are required to complete the report, read WHO MUST FILE THE TRANSPORTER REPORT.

WHEN AND WHERE TO FILE, provides the filing date and address to submit the report to the Mississippi Department of Environmental Quality.

WHICH FORM TO COMPLETE, describes circumstances and situations under which the form should be completed.

Detailed instructions for completing the form begin on page 3.

**WHO MUST FILE THE TRANSPORTER REPORT**

**Businesses Required to File the Report**

You are required to file the Transporter Report if your business transported materials requiring a Uniform Hazardous Waste Manifest to be completed prior to shipment during the calendar year.

**WHEN AND WHERE TO FILE**

Mississippi Hazardous Waste Management Regulations require submission of the Transporter Report by **MARCH 1**.

Return this Report to the address listed below:

Mississippi Department of Environmental Quality  
Waste Division  
Attn: Sonia Weddington  
P. O. Box 2261  
Jackson, Mississippi 39225

**WHICH FORMS TO COMPLETE**

This report contains the Identification and Certification Form:

Form IC: All transporters of hazardous waste are required to submit the Transporter Report, Form IC.

**Site ID Labels**

If you received preprinted site identification labels, attach one label to each form in the Report. If you did not receive labels in your package, enter the site name and its EPA Identification Number (EPA ID) on the form in the space provided for the label.

**INSTRUCTIONS FOR COMPLETING  
FORM IC - IDENTIFICATION AND CERTIFICATION**

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**WHO MUST COMPLETE THIS FORM?**

All transporters of hazardous waste are required to submit the Transporter Report, Form IC.

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**PURPOSE OF THIS FORM**

Form IC is divided into four sections. Sections I through III identify the transporter's business and location, and Section IV certifies that the information reported throughout is truthful, accurate, and complete.

**HOW TO COMPLETE THIS FORM**

You must complete all four sections. Please print or type all information. Throughout the form, enter "NA" if the information requested is not applicable.

**ITEM-BY-ITEM INSTRUCTIONS**

**Section I:** Company Name and Location Address

Complete Boxes A through H. Check the box "Same as label" if the address information provided on the preprinted label is correct. In Box C, check "Yes" or "No" to indicate whether the company name associated with this EPA ID has changed. The EPA ID is address specific and cannot be transferred to a new location.

**Section II:** Mailing Address of Company

Check "Yes" or "No" to indicate if the company's mailing address is the same as the location address listed in Section I. If you checked "No", enter the site's mailing address in Boxes B through

E.

**Section III:** Contact Information

Enter the full name, title, and phone number of the person who should be contacted if questions arise regarding the information provided in the Transporter's Report submitted by your business.

**Section IV:** Certification

After you have completed Form IC, enter your full name, title, and the date. Read the certification statement, and sign the form. Refer to page 2 of this report for mailing instructions.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:   

**FORM  
IC**

**MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY**

SSSSSTransporter Report

**IDENTIFICATION AND  
CERTIFICATION**

**INSTRUCTIONS:**    Read the detailed instructions of the Transporter Report booklet before completing this form.

**Sec. I**    Site name and location address. Complete A through H. Check the box 9 in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information.

<p>A. EPA ID No. Same as label 9 or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>B. County</p>
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<p>C. Site/company name</p>	<p>D. Has the site name associated with this EPA ID changed? 9 1 Yes                      9 2 No</p>
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E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description.

<p>F. City, town, village, etc.</p>	<p>G. State <input type="text"/></p>	<p>H. Zip Code <input type="text"/> - <input type="text"/></p>
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**Sec. II**    Mailing address of site.

A. Is the mailing address the same as the location address?                      9 1 Yes (SKIP TO SEC. III)                      9 2 No (GO TO BOX B)

B. Number and street name of mailing address

<p>C. City, town, village, etc.</p>	<p>D. State <input type="text"/></p>	<p>E. Zip Code <input type="text"/> - <input type="text"/></p>
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**Sec. III**    Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

<p>A. Please print:    Last Name                      First Name                      M.I.</p>	<p>B. Title</p>	<p>C. Telephone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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**Sec. IV**    ?I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations.?

<p>A. Please print:    Last Name                      First Name                      M.I.</p>	<p>B. Title</p>
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<p>C. Signature</p>	<p>D. Date of signature <input type="text"/> <input type="text"/> <input type="text"/> MO.    DAY    YR.</p>
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