

DEPARTING TRANSPORTATION VEHICLE INFORMATION FORM
Must be completed for each departure of vehicles taking material from the work area.

Project Number: _____ **Date:** _____

Location: _____ **Inspector:** _____

Load Material Information

Manifest of Bill of Lading Number: _____

Destination: _____

Volume or Weight (if measured): _____

Contractor Transportation Inc. Information

Transporter Registration

Number: _____

Nevada Highway Patrol

Carrier Number: _____

Driver Name: _____

Vehicle Type: _____

License Plate Number: _____

Vehicle Registration Number: _____

Time Loading Started: _____ Time Loading Ended: _____

Checklist

Driver Has:

- Transportation Plan
- Manifest or Bill of Lading
- Proof of Insurance
- Material Profile Information

And:

- Driver is Familiar with H&S Procedures
- Load is Secured
- Tires / Underbody are Clean

General Comments:

Time of Departure: _____ **Date:** _____

Inspectors Signature: _____

Nevada Hazardous Waste Transportation Registrations

(To be added by Contractor/s)