

Completing On-Line Manifest for Caltex Energy Inc.

1. Print a Copy of the EUB Manifest
2. Fill out the Manifests with all correct TDG and Waste Information.
 - a. **Do Not** put in a "Form Number" Visser Consulting will complete the Form Number when it is received.
3. Send the Manifest with the Trucking Company to the Waste Receiver.

If you have any questions, please do not hesitate to call Lindsay Hignett, Visser Consulting Ltd.

Phone: 403-239-3797



Alberta Oilfield Waste Form

Form No.

A) GENERATOR (CONSIGNOR)				B) TRANSPORTER (CARRIER)													
COMPANY NAME: Visser Consulting Ltd.c/o Caltex Energy Inc		OPERATOR/BA CODE (GENERATOR): A0X5		COMPANY NAME:		CITY:		PROV:		ADDRESS:		POSTAL CODE:					
ADDRESS: 216, 4851 Westwinds Drive NE				DATE:				UNIT NO:		TELEPHONE:		FAX:					
CITY: Calgary		PROV: AB		POSTAL CODE: T3J 3J8		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.				NAME (PRINT):				SIGNATURE:			
SOURCE SITE LOCATION (SURFACE LOCATION): Insert Location				LICENCE TYPE (W.P.F.) & LICENCE NUMBER: Insert Licence Number and Type				C) RECEIVER (CONSIGNEE)									
INTENDED RECEIVER:				COMPANY NAME:				CITY:		PROV:		ADDRESS:		POSTAL CODE:			
CITY:				PROV:		RECEIVING SITE LOCATION:				OPERATOR CODE/BA CODE:							
RECEIVING SITE LOCATION:																	
WASTE CODE	D(DOW) or N(NON-DOW)	TDG SHIPPING NAME (DOW)/COMMON NAME IF NON-DOW	CLASS	TDGA/UN	PACKING GROUP	QUANTITY SHIPPED	UNITS	PACKAGING NO.	PACKAGING CODE	HANDLING CODE	QUANTITY RECEIVED	UNITS	OIL %	WATER %	SOLID %	HAND CODE	TRANS DECON
SPECIAL HANDLING/EMERGENCY INSTRUCTIONS:											IF HANDLING CODE "02" OR "21" SPECIFY:						
DATE SHIPPED:				TIME SHIPPED:				DATE RECEIVED:				TIME RECEIVED:					
Certification - I declare that the information in PART A is correct and complete.								TELEPHONE / CELLULAR:				IDENTIFY DISCREPANCIES BETWEEN WASTE RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION.					
NAME OF AUTHORIZED PERSON (PRINT):				SIGNATURE:				24HR EMERGENCY NO:									
COMMENTS																	
Attn: Waste Receiver Please forward this manifest along with matching Truck Ticket to Visser Consulting Ltd. once processed.											Certification - I declare that the information contained in PART C is correct and complete.						
											NAME OF AUTHORIZED PERSON (PRINT):						
											TELEPHONE:						
											SIGNATURE:						

SEE BACK FOR FORM INSTRUCTIONS