



<b>TYPE OF C&amp;D DEBRIS:</b>	<input type="checkbox"/> Fill Type 2 Residue <input type="checkbox"/> Fill Type 3 Construction Waste <input type="checkbox"/> Fill Type 4 <input type="checkbox"/> Fill Type 5 Demolition Waste    Excavated Material <input type="checkbox"/> Other (specify): _____
<b>WASTE QUANTITY:</b>	_____ Tons    _____ Cubic Yards    Check box to indicate quantity is estimated: <input type="checkbox"/>
<b>LOCATION WHERE WASTE WAS PICKED UP:</b>	Source Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

**GENERATOR:** Name: \_\_\_\_\_ DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Authorized Representative of Generator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Transporter Name: \_\_\_\_\_  
Receiving Facility Name: \_\_\_\_\_ Chosen by Transporter  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have completed this tracking document describing the waste and identifying the transporter and receiving facility. I certify, under penalty of law, that the information provided in this waste tracking document has been prepared under my direction and supervision and further certify that the information contained herein is true and accurate. I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTER:** *To be completed by Transporter*    DEC Permit/Registration No.: \_\_\_\_\_  
Transporter Company Name: \_\_\_\_\_  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_  
I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Driver Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_ Plate No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIVING FACILITY:** *To be completed by Receiving site*    DEC Permit/Reg. No. (if applicable): \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Put [X] for: [ ] interim processor, or [ ] final site  
Describe all Discrepancies in type or quantity of waste: \_\_\_\_\_  
I certify, under penalty of law, that the information contained herein is true and accurate.  
I am aware that any false statement made on this document is punishable pursuant to Section 210.45 of the Penal Law.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The completed tracking document for all C&D debris must be returned to the Generator within 15 days of waste delivery to the receiving user or facility.** Statewide for Fill Type 4, Fill Type 5, and contaminated excavated material, and for all C&D debris generated in the New York City Metropolitan Area Waste Impact Zone, a copy of the completed tracking document **must also be provided to NYS DEC within 15 days** of waste delivery to the receiving user or facility. [ref: 6 NYCRR 364-5.1(b)(6)]