



Belize Solid Waste Management Authority
Ministry of Natural Resources, Petroleum & Mining



HAZARDOUS WASTE MANIFEST

A. Transporter/Driver	
Name:	Vehicle License plate:
Address:	Telephone #:
Email:	Signature: Date:
B. Waste Generator	
Name:	Contact Person:
Address:	Telephone #:
Email:	Signature:
C. Disposal Facility	
Name: Regional Sanitary Landfill	Contact Person: Mr. Karlo Medina
Address: Mile 24 George Price Highway	Telephone # 610-0906
Email: arqkarlmed@gmail.com	
D. Amount to be Disposed (<i>Attach Sheet if more than one waste type</i>)	
E. Brief Description of Hazardous Waste (<i>Attach Sheet if more than one waste type</i>)	
F. Inventory of Hazardous Waste (<i>Attach Sheet if more than one waste type</i>)	
G. Disposal Facility - Certification of Receipt of Hazardous Waste	
Name: Regional Sanitary Landfill	Signature:
Address: Mile 24 George Price Highway	Date: Time:

3 copies [1 for transporter, 1 for generator and 1 for BSWaMA]