

GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216	Tracking ID #: 3407250 Customer ID #: 3322557002 Telephone #: (904) 685-6516 State ID #:	 Emergency Spill Response: CHEMTREC (1-800-424-9300) CCN 851124
	Description of Waste UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II 23gal BIO Corrugated Box	Quantity 1 Weight (lbs) or Volume (gal) 8 Transfer 23 No	
TRANSPORTER	Generator's Certification This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		
	Print Name: James Coleman Signature: 	Date: Oct 9, 2025	Transporter's Certification: I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions that I have read, understood, and will comply with the applicable State and Federal Regulations.
TRANSFER	Transporter #1 - Name and Address: Telephone #: State Permit #: Transport Date: Print Name: Signature:	Transporter #2 - Name and Address: Telephone #: State Permit #: Transport Date: Print Name: Signature:	Transporter #3 - Name and Address: Telephone #: State Permit #: Transport Date: Print Name: Signature:
	Transfer Station #1 - Name and Address: Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:	Transfer Station #2 - Name and Address: Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:	Transfer Station #3 - Name and Address: Telephone #: State Permit ID #: Received Date: Consolidation Tracking: ID#: Transfer Date:
DESTINATION	Destination Facility #1 - Name and Address: Trilogy MedWaste SE-Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672	Destination Facility #2 - Name and Address: Telephone #: (888) 763-3927 State Permit ID #: 55-64-1866220 Consolidation Tracking ID#:	Destination Facility #3 - Name and Address: Telephone #: State Permit ID #: Consolidation Tracking ID#:
	Certification of Receipt Print Name: Wilson Esteves Date: Oct 9, 2025 Signature: 	Certification of Receipt Print Name: Date: Signature:	Certification of Receipt Print Name: Date: Signature:
I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.			
TREATMENT	Certification of Destruction Print Name: Wilson Esteves Date: Oct 10, 2025 Signature: 	Certification of Destruction Print Name: Date: Signature:	Certification of Destruction Print Name : Date: Signature:
	On behalf of the treatment facility, this is to certify that all medical wastes have been treated in accordance with all applicable regulations.		
Discrepancy:		V6R1-CORE-0623	