

GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216	Tracking ID #: 3449149 Customer ID #: 3322557002 Telephone #: (904) 685-6516 State ID #:	 <b>Emergency Spill Response:</b> <b>CHEMTREC (1-800-424-9300)</b> <b>CCN 851124</b>	
	Description of Waste <b>UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II</b>	Quantity <b>1</b>	Weight (lbs) or Volume (gal) <b></b>	Transfer
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: <b>Jordan Dzialoski</b>	Signature: 	Date: <b>Nov 3, 2025</b>	
TRANSFER	<b>Collection Transporter:</b> Trilogy MedWaste SE- Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672		Telephone # : (888) 763-3927 State Permit # : FDOH # 7817 Transport Date: Nov 3, 2025 Print Name: Renold Emile Signature: 	<b>Transporter's Certification:</b> 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.
	<b>Transporter #1 - Name and Address:</b>  Telephone #: State Permit #: Transport Date: Print Name: Signature:	<b>Transporter #2 - Name and Address:</b>  Telephone #: State Permit #: Transport Date: Print Name: Signature:	<b>Transporter #3 - Name and Address:</b>  Telephone #: State Permit #: Transport Date: Print Name: Signature:	
DESTINATION	<b>Transfer Station #1 - Name and Address:</b>  Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:		<b>Transfer Station #2 - Name and Address:</b>  Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:	<b>Transfer Station #3 - Name and Address:</b>  Telephone #: State Permit ID #: Received Date: Consolidation Tracking: ID#: Transfer Date:
	<b>Destination Facility #1 - Name and Address:</b>  Telephone #: State Permit ID #: Consolidation Tracking ID#:	<b>Destination Facility #2 - Name and Address:</b>  Telephone #: State Permit ID #: Consolidation Tracking ID#:	<b>Destination Facility #3 - Name and Address:</b>  Telephone #: State Permit ID #: Consolidation Tracking ID#:	
<b>Certification of Receipt</b>				
<b>Certification of Receipt</b>				
<b>Certification of Receipt</b>				
Print Name: Date: Signature:				
Print Name: Date: Signature:				
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.				
<b>Certification of Destruction</b>				
<b>Certification of Destruction</b>				
<b>Certification of Destruction</b>				
Print Name: Date: Signature:				
Print Name: Date: Signature:				
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.				