

GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216		Tracking ID #: 3660914 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	Weight (lbs) or Volume (gal)	Transfer
23gal BIO Corrugated Box			2	28	46 Yes	
<b>Generator's Certification</b> 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>James Coleman</b>		Signature:		Date: <b>Mar 27, 2026</b>		
TRANSPORTER	<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: Mar 27, 2026 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> Trilogy MedWaste SE- Orlando 10805 Southport Dr Orlando, FL 32824-7070  Telephone #: (888) 763-3927 State Permit #: FDOH 7817 Transport Date: Apr 2, 2026 Print Name: Wilson Esteves 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: _____	
TRANSFER	<b>Transfer Station #1 - Name and Address:</b> Trilogy MedWaste SE-Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672  Telephone #: (888) 763-3927 State Permit ID #: 55-64-1866220 Received Date: Apr 2, 2026 Consolidation Tracking ID#: 9346 Transfer Date: Apr 2, 2026		<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> Trilogy MedWaste SE- Orlando 10805 Southport Dr Orlando, FL 32824-7070  Telephone #: (888) 763-3927 State Permit ID #: 48-64-1947534 Consolidation Tracking ID#: 9346		<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#: _____	
DESTINATION	<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.						

Discrepancy: