

# OIL SHIPMENT CERTIFICATION

Pursuant to Sections 25250.1(e) and 25250.18, Chapter 6.5, Division 20, Health and Safety Code, this form must be maintained with each shipment of recycled oil or exempt oil from the recycling facility or generator to the shipment’s destination. Use of this form fulfills this requirement. This form or a copy of this form must be kept for three years by the person certifying the shipment and by the transporter. These forms are subject to audit and verification by the Department and the California Integrated Waste Management Board.

Instructions to complete this form are on the reverse. Please print or type.

**1. SHIPMENT**

Cross Reference to Laboratory Analysis Data: \_\_\_\_\_ Quantity of Oil Shipped: \_\_\_\_\_

Date of Shipment \_\_\_\_\_ Invoice/Bill of Lading Number: \_\_\_\_\_

**2. RECYCLING FACILITY/GENERATOR**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**3. TRANSPORTER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**4. RECEIVING LOCATION** (If more than one location, use space on reverse of this form.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**5. CERTIFICATION** (Check one box)

**Recycling Facility**

**Generator**

*I hereby declare under penalty of perjury that the oil in this shipment has been tested and is in compliance with the applicable standards and requirements of Article 13, Chapter 6.5 of Division 20, Health and Safety Code.*

Print/Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

# INSTRUCTIONS

- Item 1. Enter a cross reference to the laboratory analysis data used to certify the oil, the quantity of oil being transferred, the date the shipment leaves the recycling facility or generator, and the identifying number from the shipping papers.
  
- Item 2. Enter the name, address, telephone number, and contact of either the recycling facility or generator corresponding to the box checked in item 5.
  
- Item 3. Enter the names, addresses, and telephone numbers of all transporters transporting this shipment until the destination listed in item 4 is reached, or until the shipment is outside California. If more than two transporters are used to complete this shipment, attaché an additional DTSC 1004 form, completing only item 3 on the additional form.
  
- Item 4. Enter the name, address, contact, and telephone number of the receiving location. If more than one location will receive the oil in this shipment, complete item 4 below.
  
- Item 5. The recycling facility operator or the generator is to sign, date, and check the appropriate box in this section.

You may use this form as a master for photocopying purposes.

If you wish to order certification forms, or if you have any questions, please write or call:

Department of Toxic Substances Control  
Alternative Technology Division  
P.O. Box 806  
Sacramento, California 95812-0806  
(916) 324-1807

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## 4. RECEIVING LOCATION (If more than one location, use space on reverse of this form.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_