

Illinois Environmental Protection Agency Bureau of Land 1021 North Grand Avenue East Box 19276 Springfield, IL 62794-9276

POTENTIALLY INFECTIOUS MEDICAL WASTE (PIMW)

## MANIFEST REQUEST FORM

To obtain Illinois Potentially Infectious Medical Waste (PIMW) Manifests which are required for all PIMW shipments coming into Illinois, within Illinois, and from Illinois to states not providing their own manifests, complete the information below. The cost is \$4.00 per manifest and must be paid by check, cashier's check, or money order made payable to Treasurer, State of Illinois. Any questions should be directed to 217/782-9293 or 217/524-6175. Allow two weeks for processing. ABSOLUTELY NO PHONE ORDERS ACCEPTED. FEE MUST ACCOMPANY EACH MANIFEST ORDER. FAILURE TO COMPLETE THIS FORM ACCURATELY AND COMPLETELY WILL RESULT IN REJECTION OF THE MANIFEST REQUEST, AND POSSIBLE FORFEITURE OF THE MANIFEST FEE.

Address:				
(NOT P.O. BOX!) City			State	Zip
Contact:				
Telephone:		<del></del>		
Indicate quantity and type of PIMV	W manifests:	PIN-FED (Con	nputer feed)	SNAP-TOP
Total Quantity	@ \$4.0	0 Each = \$	00 C	heck #
	ON THE ENG	U OCED I ADEL	THE NAME AND	D ADDRESS ( <b>POS</b>

Return this form to: \*PIMW MANIFESTS REQUEST ENCLOSED\* Illinois EPA LPC #24 1021 North Grand Avenue East Post Office Box 19276 Springfield, Illinois 62794-9276

This Agency is authorized to require this information under Section 56.1 of the Illinois Environmental Protection Act (Ill. Rev. Stat., 1989, ch. 111 ½, pars. 1065.1 and 1056.4, as amended by P.A. 87-752, effective January 1, 1992) ("Act"). Failure to do so may result in a civil penalty up to \$50,000.00 and an additional civil penalty up to \$10,000.00 for each day the violation continues. In addition, it is a Class A misdemeanor to violate that Act or to knowingly submit false information under the Act. This form has been approved by the Forms Management Center.