



New West Gypsum Recycling Inc.

38 Vulcan Street
New Westminster, BC
V3L 5T7
(604) 534-9925

DRYWALL DECLARATION & ACKNOWLEDGEMENT

Drivers Name: _____

Company Name: _____

Vehicle Plate Numbers: _____

Address where drywall originated: _____
Street address and City

Driver verifies that the above information is correct: _____
Driver's Signature

Materials in the load include (check only one):

- Only date stamped board
- Non-Date Stamped Board with No joint compound or Texture Coating
- Non-Date Stamped Board or a Mixture of Date Stamped and Non-Date Stamped Board with analytical results that are less than six months old or board following an abatement project with a Hazardous Building Materials Assessment and Clearance Letter

Representations & Warranties

The delivery and dumping of asbestos containing material poses a serious health risk to workers and will result in significant financial damages to New West Gypsum Recycling (BC) Inc. New West Gypsum Recycling (BC) Inc. is relying on the accuracy and the customer's declaration in accepting drywall materials for recycling.

By signing this form, the customer agrees to accept liability for all costs incurred by New West Gypsum Recycling (BC) Inc. (including business interruption losses and losses in profits) that result from an incorrect declaration regarding the origin and content of the material as declared above and that the minimum liability for making such an incorrect declaration will be a payment of \$10,000 plus all clean-up costs. New West Gypsum Recycling (BC) Inc. further reserves the right to ban any customer from disposing of drywall to any of its facilities.

Authorized Signature Date

Print Name

For NWGR use only:

Manufacturer's Date Stamp observed & verified: Date Observed: _____

Plate Confirmed:

Analytical Report Received: Analytical Report Date: _____

All Drywall Related Materials: None Detect: Detected BUT Clearance Letter Received:
No Potential ACMs Present:

Load Accepted: Rejected: Tipped to: Dated Pile Non-dated pile

NWGR Pre-Entry Inspector: _____ Date: _____ (Optional)

NWGR Yard Inspector: _____ Date: _____ (Required)