

# Uniform Waste Grease Manifest (Form WG-2)



Colorado Department  
of Public Health  
and Environment

**NOTE:** Pursuant to §30-20-123, et seq, of the Colorado Revised Statutes (C.R.S.), and Section 18 of the Colorado Solid Waste regulations (6 CCR 1007-2, Part 1), all waste grease transporters and waste grease facilities are required to use copies of this manifest when transporting waste grease within Colorado. Copies of all manifests must be kept by registered Waste Grease Transporters and registered Waste Grease Facilities for 3 years. Registered Waste Grease Transporters are required to provide completed manifests to the originating Source/Generator and registered destination facility.

## WASTE GREASE SOURCE OR GENERATOR INFORMATION

Pick-up Business/Generator Source Name:		Original Source/Generator (if different)	
Street Address:		Business Phone:	
City:		E-mail address (Optional):	
State:	Zip:	Street Address:	City:
Waste Grease Picked Up:		Pick-up Business/Waste Grease Source or Generator (Optional: May be required by some other authority)	
Complete pump out of collection or holding device (Yes/No): _____		Signature: _____	
Amount of Grease Removed: _____ <input type="checkbox"/> gallons or <input type="checkbox"/> pounds		Printed name: _____	

**NOTE: A separate manifest must be completed for each pick-up of waste grease at each Waste Grease Source and/or Generating Facility.**

## WASTE GREASE TRANSPORTER INFORMATION

Date and Time:	Transporter Registration Number:	Manifest Number:
Business Name:		Vehicle Decal Number:
Street Address:		Business Phone:
City:		E-mail Address (Optional):
State:	Zip:	Driver Signature: _____
		Printed name: _____

## WASTE GREASE (DESTINATION) FACILITY

Date and Time:	Facility Registration Number:	Facility Decal Number:
Business Name:		Waste Grease Delivered from Source Identified Above
Street Address:		_____
City:		<input type="checkbox"/> gallons or <input type="checkbox"/> pounds
State:	Zip:	Waste Grease (destination) Facility (Optional: May be required by some other authority)
Check type(s) of facility: Trans-shipment Location <input type="checkbox"/> Transfer Station <input type="checkbox"/>		Signature: _____
Collection Facility <input type="checkbox"/> Processing Plant <input type="checkbox"/> POTW Facility <input type="checkbox"/>		Printed name: _____

## TOTAL AMOUNT OF WASTE GREASE IMPORTED FROM OUT OF STATE (IF APPLICABLE)

Amount of Waste Grease brought in from Out-of-State: _____ <input type="checkbox"/> gallons or <input type="checkbox"/> pounds
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## TOTAL AMOUNT OF WASTE GREASE EXPORTED OUT OF STATE (IF APPLICABLE)

Amount of Waste Grease shipped Out-of-State: _____ <input type="checkbox"/> gallons or <input type="checkbox"/> pounds
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