

CONSOLIDATED TRANSPORTER NOTIFICATION

1. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles): <i>Worldwide Recovery Systems Inc.</i>		2. Transporter Registration Number: <i>4 2 4 6</i>			
3. Business Address Number/Street <i>2308 Pomona Blvd.</i>	City <i>Pomona</i>	County/Province <i>Los Angeles</i>	State/Country <i>CA.</i>	Zip/Postal Code <i>91768</i>	
4. Mailing Address (if different) P.O. Box/Street <i>2621 Green River Rd. #105-216</i>	City <i>CORONA</i>	County/Province <i>RIVERSIDE</i>	State/Country <i>CA.</i>	Zip/Postal Code <i>92882</i>	
5a. Telephone Number (Ext. Number) <i>(866) 909-2783 (909) 643-8150</i>	6. Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet.				
5b. Fax Number <i>(909) 643-8161</i>	<i>CAK 000175422</i>				
5c. E-mail Address <i>Doug@86690Waste.com</i>					

7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2. [Check all applicable box(es)]:
- | | |
|---|--|
| A. Used oil <input checked="" type="checkbox"/> | J. Spent photographic solutions |
| B. Contents of an oil/water separator <input checked="" type="checkbox"/> | K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents) <input checked="" type="checkbox"/> |
| C. Solids contaminated with used oil <input checked="" type="checkbox"/> | L. Filters, lint, and sludges contaminated with dry cleaning solvent <input checked="" type="checkbox"/> |
| D. Brake fluid <input checked="" type="checkbox"/> | M. Asbestos and asbestos-containing materials |
| E. Antifreeze <input checked="" type="checkbox"/> | N. Inks from the printing industry <input checked="" type="checkbox"/> |
| F. Antifreeze sludge <input checked="" type="checkbox"/> | O. Chemicals and laboratory packs collected from K-12 schools <input checked="" type="checkbox"/> |
| G. Parts cleaning solvents, including aqueous cleaning solvents <input checked="" type="checkbox"/> | P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c) |
| H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process | Q. Filters from dispensing pumps for diesel and gasoline fuels <input checked="" type="checkbox"/> |
| I. "Paint-related" wastes, including paints, thinners, filters, and sludges <input checked="" type="checkbox"/> | |

8. Name and Title of Authorized Representative (print or type): *Douglas B Keeney - CEO*

[Signature]

Signature of Authorized Representative Use blue or other non-black ink Date *3-15-2016*

Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (HSC) Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

<i>[Signature]</i>	<i>2/22/16</i>
Transportation Unit Representative	Received date
<i>Casey Mason</i>	<i>3/24/17</i>
(Print or type name)	Expiration date
	<i>3/24/16</i>
	DTSC acknowledgement date