Form Number LLCF-050	Issue Date 01/01/11	Revision Date 06/15/21	Form Number	
	NORM Acco	LLCF-050		

Job Information								
Company:		Date:		GIS Job #:		ETA:		
Contact Person:		Phone:		Services to be Performed:				
To maintain compliance with LAC 33:XV, 1418, c6., the Company agrees to accept your shipment of NORM providing all requirements of 418 & transportation 49 CFR have been met.								
Drum(s)			<b>Cutting Box(e</b>	es)				
Tubulars			Mis Equipme					
Work Order								
Service Order #								
WBS Code								
Plant Code – Field								
Well Platform								
Cost Element								
Location								
OCSG#								
Field / Profit Center								
<b>Purchasing Code</b>								
Email I.D & Name								
Notes								
Authorized Agent (Print)			Authorized Agent (Sign)					
Receiving Agent (Print)			Receiving Agent (Sign)					