Form Number LLCF-050	Issue Date 01/01/11	Revision Date 06/15/23	Form Number
	NORM Acc	LLCF-050	

Job Information								
Company:		Date:	G	GIS Job #:	ETA:			
Contact Person:		Phone:		ervices to be erformed:				
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(es</b>	)				
Tubulars			Misc Equipmen					
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)		1	Authorized Agent (Sign)					
Receiving Agent (Print)			Receiving Agent (Sign)					