



DEPARTMENT OF
**PUBLIC
UTILITIES**

**PRETREATMENT PROGRAM
WASTE HAULER PERMIT APPLICATION**

Company Identification

Name of Company: _____

Company Address: _____

Billing Address: _____

Contact Person & Title: _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

Make of Vehicle: _____ Model: _____ Year: _____

License Number: _____ Vehicle Identification Number: _____

Color/Labeling: Cab _____ Tank Color: _____

Tank Capacity _____ Gallons _____

Make of Vehicle: _____ Model: _____ Year: _____

License Number: _____ Vehicle Identification Number: _____

Color/Labeling: Cab _____ Tank Color: _____

Tank Capacity _____ Gallons _____

Make of Vehicle: _____ Model: _____ Year: _____

License Number: _____ Vehicle Identification Number: _____

Color/Labeling: Cab _____ Tank Color: _____

Tank Capacity _____ Gallons _____

Make of Vehicle: _____ Model: _____ Year: _____

License Number: _____ Vehicle Identification Number: _____

Color/Labeling: Cab _____ Tank Color: _____

Tank Capacity _____ Gallons _____

If more than three vehicles are to be permitted, include the information on all other vehicles on a separate page and attach to this application.

Waste Transport Information

List all sites where waste is being disposed of:

Disposal Site	Address and Phone Number

Does this vehicle transport any wastes other than household septic tank wastes?

YES _____ NO _____

If YES, list the other types of wastes (i.e., oil & grease, motor oil, chemical wastes, chemical toilets, etc.) and from where they originate (i.e. industry, restaurant, gas station, etc.) and type of system the waste is removed from (i.e., grease trap, holding sump, oil/waste separator, etc.):

Type of Waste	Location and Type of System

Permit Information

List all other permits or authorizations for the disposal of any wastes mentioned above:

Issuing Agency	Number	Expiration Date	Permit Type

List any Civil and/or Administrative actions taken against this company for any violation of waste disposal regulations in the last five (5) years.

Offense/Action	Date of Citation

Applicant shall provide with the application, a copy of a current **VIRGINIA DEPARTMENT OF HEALTH REGISTRATION** (indicating the City of Richmond as a location) for each vehicle being permitted.

I have personally examined and am familiar with the information contained in this application and believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Company (Type or Print)

Signature

Date

Name (Type or Print)

Title

For Official Use Only.

Personal Identification No: _____

Vehicle License No: _____

Personal Identification No: _____

Vehicle License No: _____

Personal Identification No: _____

Vehicle License No: _____