

APPLICATION FOR A SOLID WASTE COLLECTOR/TRANSPORTER PERMIT



ALABAMA DEPARTMENT
OF PUBLIC HEALTH
 New Renewal

For Department Use Only

_____ County Health Department
_____ LHD Permit No.
_____ Date Received
_____ Date Fee Paid
_____ Fee Amount
_____ Receipt No.

To Be Completed by Applicant

1. Type of Business

_____ Collector (e.g. door to door collection of solid waste)
_____ Transporter (e.g. transporting solid waste from one disposal facility to another)

2. Name of Business _____ Phone _____

Address _____ City _____ State _____ Zip _____

3. Name of Owner/Proprietor _____ Phone _____

Address _____ City _____ State _____ Zip _____

4. Describe how your equipment and/or vehicles will be maintained (self-serviced, contracted, etc.).

5. Describe how your equipment will be flushed and cleaned.

6. Collector/Transporter Details

Name and Location of Transfer Stations Used _____

Name and Locations of Disposal Sites Used _____

7. Do you anticipate collecting solid waste generated in another state and transporting it into Alabama for disposal? _____ Yes _____ No

If your answer to item #7 is yes, please list the state(s) from which solid waste will be collected.

8. Please explain your procedure for the prompt clean-up of a solid waste spill. _____

9. Please explain your plan for the collection and/or transportation of solid waste during periods of equipment failure to include the availability and use of stand-by equipment through contracts or any method.

Equipment
(To be completed regardless of type of service)

Type of Collection/Transport Vehicle	Size/Capacity	DOT # (if applicable)	Company ID or AL Tag #
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1. _____

2. _____

3. _____

4. _____

5. _____

If you have more than five vehicles, please attach an addendum listing the information required above for all the collection/transport vehicles.

I hereby certify that the above statements are true and correct. I agree to comply with all the applicable provisions of the Solid Wastes and Recyclable Materials Management Act, § 22-27-1 et seq., Code of Alabama, 1975, as amended, and the Solid Waste Collection and Transportation Rules of the State Board of Health, and hereby agree to allow inspection by representatives of the Board of the facility, vehicles, and equipment used in the collection and transportation of solid waste. I agree to keep adequate records and make them available to representatives of the State Board of Health upon request and to operate within my contract/license jurisdiction or boundary.

Signed _____ Date _____

Printed Name _____ Title _____