APPLICATION
FOR A SOLID WASTE COLLECTOR/TRANSPORTER PERMIT

For Department Use Only

ALABAMA DEPARTMENT
OF PUBLIC HEALTH
☐ New ☐ Renewal

_____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 #
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_____