Hazardous Waste Hauler Annual Registration Form

New Registration

Section 1 – General Information

Name of Registrant ____________________________________________________________

Street Address ________________________________________________________________

City __________________________ State ______ Zip Code ____________

Telephone Number __________________________ After Hours _______________________

Establishment Mailing Address (if different from above) DO NOT USE P.O. BOX

Street Address ________________________________________________________________

City __________________________ State ______ Zip Code ____________

Authorized Representative

Name ________________________________________________________________

Title _________________________________________________________________

Street _________________________________________________________________

City __________________________ State ______ Zip Code ____________

Telephone Number __________________________ e-mail Address __________________

Alternate Number __________________________ Fax Number ______________________

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Section 2 – Registrant’s Operational Characteristics

(a) Please indicate the type, license tag number, tank capacity of each vehicle that will be used to pump or transport hazardous waste from service establishments located within the City of Leesburg sanitary sewer service area.

(1) Year, Make, and Model______________________________________________________________
    License Tag Number ______________________________________________________________
    Capacity of truck tank_____________________________________________________________

(2) Year, Make, and Model____________________________________________________________
    License Tag Number ______________________________________________________________
    Capacity of truck tank_____________________________________________________________

(3) Year, Make, and Model____________________________________________________________
    License Tag Number ______________________________________________________________
    Capacity of truck tank_____________________________________________________________

(4) Year, Make, and Model____________________________________________________________
    License Tag Number ______________________________________________________________
    Capacity of truck tank_____________________________________________________________

(5) Year, Make, and Model____________________________________________________________
    License Tag Number ______________________________________________________________
    Capacity of truck tank_____________________________________________________________

(6) Year, Make, and Model____________________________________________________________
    License Tag Number ______________________________________________________________
    Capacity of truck tank_____________________________________________________________

(b) Are the Trucks equipped with a Pressure Washing Equipment? ________________

    for cleaning grease traps and sand / oil / water interceptors.
(c) Please provide a list of all disposal sites that the registrant uses or intends to use.

<table>
<thead>
<tr>
<th>Disposal Site Name</th>
<th>Disposal Site Address</th>
<th>Disposal Site Telephone Number</th>
<th>Disposal Site Contact Name</th>
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</tr>
</tbody>
</table>

(2) Disposal Site Name

Disposal Site Address

Disposal Site Telephone Number

Disposal Site Contact Name

(3) Disposal Site Name

Disposal Site Address

Disposal Site Telephone Number

Disposal Site Contact Name

(d) Please describe the registrant’s written emergency spill clean-up and notification procedures.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Please submit the following information to complete the registration application:

- A current copy of registrant’s certificate of liability insurance.
- Submission of current registration certificate number if requesting registration renewal.
- A check in the amount of $150 (one hundred & fifty) dollars made payable to the City of Leesburg. Mailing address **550 S. 14th Street, Leesburg FL 34748**
- If Hazardous Waste Hauler, give EPA I.D. #______________________
- If Used Oil Hauler, give FDEP I.D. # _____________________________

I hereby certify all information provided to the City of Leesburg, Public Works Dept. is true, complete and correct, to the best of my knowledge. I agree to use only approved disposal sites for all liquid and/or hazardous waste material transported. Furthermore, I agree to submit all manifests within the required 48 (forty eight) hour time period as well as to abide by the City of Leesburg’s Ordinance Chapter 22, Section 22-120.

Authorized Representative Signature___________________________________________

Date________________