

| For Department Use Only | | | | | | | |
|-------------------------|--------------|-------------------------|---------|----------|-------------|-------------|--|
| | A. | В. | C. | / | / | | |
| A. Manif | est Reportin | g is Current B. MNHWTLI | D C. Bi | ennial L | icense Expi | ration Date | |

STATE OF MAINE APPLICATION/LICENSE FOR TRANSPORTATION OF NONHAZARDOUS WASTE

| | 1. STATE | 2. YEAR – MAKE | 3. VEHICLE I.D. NO | | | | |
|--|--|--------------------|--------------------|--|--|--|--|
| | | | | | | | |
| ļ | FOR TWO OR MORE VEHICLES ATTACH THE FLEET APPLICATION FORM | | | | | | |
| 4. | ☐ NEW APPLICATIO | N RENEWAL TRANSFER | ADDITION | | | | |
| 5 | APPLICANT NAME | | | | | | |
| 6. | COMPANY NAME | | | | | | |
| | PHYSICAL & MAILING | | | | | | |
| | DRESS (if different) CITY / TOWN | | | | | | |
| | STATE | 10. ZIP CODE | | | | | |
| | TELEPHONE NUMBER | 1 | U. ZIP CODE | | | | |
| | FEDERAL I.D. NUMBER | | | | | | |
| 12. | FEDERAL I.D. NUMBER | | | | | | |
| 13. (CHECK ONE) SOLE PROPRIETOR PARTNERSHIP CORPORATION MUNICIPALITY COUNTY STATE GOVERNMENT FEDERAL GOVERNMENT OTHER 14. CATEGORY OF WASTE TO BE TRANSPORTED IN THE ABOVE VEHICLE(S): CATEGORY ASPECIAL WASTE, TIRES, CONSTRUCTION & DEMOLITION DEBRIS CATEGORY BMUNICIPAL SOLID WASTE (trash, garbage, rubbish) CATEGORY CSEPTAGE 15. FEES SUBMITTED: \$ FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO "TREASURER, STATE OF MAINE" - SEE FEE SCHEDULE 16. REQUIRED ATTACHMENTS: (PLEASE CHECK OFF) A. Certificate of Vehicle Insurance with DEP as certificate holder B. Disclosure Statement listing all civil or criminal violations, court proceedings or consent agreements concerning handling of waste. IF NONE, CHECK HERE C. Photocopy of vehicle registration (if applicable) D. Letter of authorization from the Company listed in Section 6 authorizing the applicant to apply for a license on behalf of the Company. | | | | | | | |
| By signing this application, I certify that the information contained in and attached to this form is true, correct and complete to the best of my knowledge. I further certify that I will abide by the Standard Conditions stated in 06-096 C.M.R. ch. 411, §5 of the Department's Rules (copy attached). | | | | | | | |
| (p | orinted or typed): | Title: | | | | | |
| S | gnature: | Date Signed: | | | | | |

NONHAZARDOUS WASTE TRANSPORTER LICENSE DEPARTMENT OF ENVIRONMENTAL PROTECTION 17 STATE HOUSE STATION **AUGUSTA, ME 04333** (207) 287-7688

THIS LICENSE IS NOT VALID UNLESS STAMPED WITH DEPARTMENT SEAL AND DATE Authority for issuing: 38 M.R.S. Sections 1304(1) and 1304(1-A)

INSTRUCTIONS FOR COMPLETING NON-HAZARDOUS WASTE TRANSPORTER LICENSE APPLICATION

Pursuant to 38 M.R.S. §§ 1304(1) and 1304(1-A), every owner or operator of a conveyance who transports, transfers, or disposes any solid waste, special waste, or septage within Maine shall license their conveyance with the Department of Environmental Protection.

When you have completed filling in the application, please PRINT TWO COPIES and mail both copies to the Maine Department of Environmental Protection. After being stamped with the Department seal, one copy will be returned to you as your license.

Mail Completed applications, with fees and attachments, to:
Non-Hazardous Waste Transporter License
Department of Environmental Protection
17 State House Station
Augusta, ME 04333

INSTRUCTIONS:

- **1.** State Enter the state of registration of the conveyance.
- 2. Year Make Enter the model year and the manufacturer of the conveyance being licensed.
- 3. <u>Vehicle I.D. No.</u> In most cases, this will be the VIN shown on the vehicle registration. Conveyances which do not require registration must enter a serial number or other unique identifying number in this space.
- 4. Please mark all appropriate boxes. New application means the conveyance has not been licensed to transport non-hazardous waste in Maine. Renewal means re-licensing, prior to license expiration, of a conveyance's non-hazardous waste transport license. Transfer means transfer of one or more conveyance licenses to another owner or leasee after sale or lease of the conveyance(s). Addition means the adding additional conveyances to an existing license.
- **5.** <u>Applicant Name</u> –This is the name of the person applying for a license on behalf of the entity listed in Section 13.
- **6.** Company Name This is the name of the entity checked off in Section 13.
- 7. Physical & Mailing Address –List both the physical location and mailing address of the Company.
- **8.** through **10**. –Self-explanatory.
- 11. Telephone Number. –List the day time telephone number of the Company.
- 12. Federal ID Number Enter the Federal Employer Identification Number, or, if none, your Social Security Number.
- 13. Check the appropriate box that best describes the Company.
- **14.** Category of Waste Check the appropriate box or boxes.
- 15. Fees Submitted Enter the total amount of fees being submitted with this application. If the applicant is a governmental entity exempt from fees pursuant to 06-096 C.M.R. ch. 411, §2(E)(3), write "exempt".
- 16. Required Attachments The license application will not be complete without these attachments: a legible photocopy of the VEHICLE REGISTRATION (or other form if a military vehicle); a CERTIFICATE OF INSURANCE or certificate of self-insurance in accordance with 06-096 C.M.R. ch. 411, §7; DISCLOSURE STATEMENT of the applicant's history of compliance with state and federal laws and regulations relating to the handling of waste in accordance with 06-096 C.M.R. ch. 411, §3(A)(4); and AUTHORIZATION LETTER.

Completed applications must be signed, dated, and forwarded, with fees and attachments, to the Department of Environmental Protection. The top page of the multi-page form will be returned, after being stamped with the Department seal and date, as your license.



FLEET APPLICATION FORM

ATTACHMENT TO STATE OF MAINE APPLICATION /LICENSE FOR TRANSPORTATION OF NONHAZARDOUS WASTE

| APP | LICANT | NAME: | | | | | | |
|-----------------------|------------|--------------------|--|----------------------------------|-------------------|--------------------|---------|--|
| CON | MPANY N | IAME: | | | | | | |
| REQUIRED ATTACHMENTS: | | FACHMENTS: | A. | | | | | |
| | STATE | YEAR/MAKE | VEHICLE ID NUMBER | NEW (ADD) RENEWAL TRANSFER | CATEGORY | EXPIRATION DATE | MNHWTLN | |
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| | attache | ed to this form is | By signing this application, I ce true, correct and complete to the ditions stated in 06-096 C.M.R | ne best of my know | wledge. I further | certify that I wil | | |
| Na | me (printe | ed or typed): | | Title: | | | | |
| Signature: | | | Date Signed: | | | | | |

THIS LICENSE IS NOT VALID UNLESS STAMPED WITH DEPARTMENT SEAL AND DATE Authority for issuing: 38 M.R.S. §§ 1304(1) and 1304 (1-A)

Instructions for completing FLEET APPLICATION FORM

(to be attached to the "Application/License For Transportation of Non-Hazardous Waste")

Pursuant to 06-096 C.M.R. ch. 411, §3(E), the Department of Environmental Protection shall provide an application which will allow for licensing a fleet of conveyances.

THIS FLEET APPLICATION /LICENSE FORM MUST BE ATTACHED TO THE STANDARD APPLICATION COVER SHEET

When completed, dated, and stamped with the Department seal this form will serve as the license for the conveyances listed. A legible copy of the license shall be maintained in each conveyance and be available for Department inspection upon request.

General Instructions:

Fill in the first five columns for each conveyance to be licensed, according to the instructions listed on the back of the general application cover sheet.

Certificate of Insurance:

All conveyances listed must be insured. If there is more than one insurance provider, the appropriate number of certificates must be attached to this form. If there is only one insurance provider, only one certificate must be attached.

Photocopies of vehicle registrations:

Legible photocopies of vehicle registrations shall be attached to this form for every conveyance required to have such registration.

THE FLEET APPLICATION /LICENSE FORM MUST BE SIGNED AND DATED BY THE APPLICANT