



COMMERCIAL WASTE TRANSPORTER PERMIT APPLICATION

COMPANY INFORMATION

Company Name: _____

Company Address: _____

(No P.O. Boxes, must be actual address of company)

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Company Owner Name: _____

Company Point of Contact: _____

Company Website: _____

EPD Registration Number: _____

TRUCK INFORMATION

(for additional trucks list on separate sheet)

VIN Number	Tag Number/State	Tank Size In Gallons

APPROVED DISPOSAL FACILITIES

Facilities Name: _____

Facilities Address: _____

Phone: (____) _____ Fax: (____) _____

Responsible Person/Operator: _____

Facilities Name: _____

Facilities Address: _____

Phone: (____) _____ Fax: (____) _____

Responsible Person/Operator: _____

Facilities Name: _____

Facilities Address: _____

Phone: (____) _____ Fax: (____) _____

Responsible Person/Operator: _____

I am requesting a permit to pump commercial waste traps in the State of Georgia. I have read the Water Quality Rules and Regulations, Chapter 391-3-6.24 and understand them completely. I understand that the entire contents of commercial waste tanks must be removed and disposal of the contents, within the State of Georgia, can only be at an EPD approved facility. I certify under penalty of law that this document and all attachments were prepared under direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of company official and title

Date