



State of Vermont
 Agency of Natural Resources
 Main Tel: # (802) 828-1138

MAIL ALL COMPLETED, ORIGINAL FORMS TO:

Department of Environmental Conservation
 Waste Management & Prevention Division
 Attn: Cheryl Hamilton
 1 National Life Drive, Davis 1, Montpelier, VT 05620-3704
 Telephone: (802) 522-5949 Email: Cheryl.Hamilton@vermont.gov

VERMONT WASTE TRANSPORTATION VEHICLE REPORT FORM

----This Vehicle Report Form is Valid July 1, 2016 through June 30, 2017----

Please review the first three boxes below to determine which applications / forms you will need to mail to us.
Applications / Forms - go to the following link: <http://dec.vermont.gov/waste-management/solid/waste-haulers>

Check ONLY ONE of the following boxes and provide the proper application(s) / form(s) with a check to the address above.

<input type="checkbox"/> PERMIT (every 5-year's) New applicants or Expired Permits. Please use the following forms, and include a check. <input checked="" type="checkbox"/> Vehicle Report Form <input checked="" type="checkbox"/> Business Disclosure Statement <input checked="" type="checkbox"/> Personal History Disclosure <input checked="" type="checkbox"/> A check (see fee's below)	<input type="checkbox"/> ANNUAL RENEWAL Renew your permit each year by May 1st . Please use the following forms, and include a check. <input checked="" type="checkbox"/> Vehicle Report Form <input checked="" type="checkbox"/> Annual Statement <input checked="" type="checkbox"/> A check (see fee's below)	<input type="checkbox"/> MODIFICATION To add vehicles anytime. Please use the following form and include a check. <input checked="" type="checkbox"/> Vehicle Report Form <input checked="" type="checkbox"/> A check (see fee's below)
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Non-hazardous waste haulers transporting materials out-of-state for disposal must complete a **Franchise Tax form** and send it directly to the Department of Taxes **on a quarterly basis**, which can be found at the following link: <http://tax.vermont.gov/content/form-swt-608>. Send a "copy" of the completed Franchise Tax form to the address at the top of this application.

Identify the destination facility(ies): _____

HAULER / TRANSPORTER CONTACT INFORMATION

Name of Business: _____

Contact Name: _____ Title: _____

Mailing Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: () _____ Email Address: _____

VEHICLE FEES

Description of specific types of hauler vehicles and fees:	Qty.	Fee	Total Cost
\$125 for ALL Hazardous Waste Haulers , for each vehicle, regardless of size		\$125	\$
2 axle = \$50 - (non-hazardous) for: each pickup, each stake-body, each utility trailer		\$50	\$
3 or 4 axle = \$75 - (non-hazardous) for: each packer, each dump, each roll-off, or each box truck		\$75	\$
All others = \$100 - (non-hazardous) for each tractor, or each trailer. Each one must be permitted.		\$100	\$
Checks are made payable to: Treasurer, State of Vermont	Total →		\$

Check the boxes below indicating all wastes that you are transporting:

<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> C&D	<input type="checkbox"/> Medical	<input type="checkbox"/> Organics	<input type="checkbox"/> Recyclables
<input type="checkbox"/> Scrap Metal	<input type="checkbox"/> Septage	<input type="checkbox"/> Tires	<input type="checkbox"/> Wastewater Treatment Sludge	<input type="checkbox"/> Bio solids	
<input type="checkbox"/> Other-Describe: _____					

Go to page 2 of this application. →

Name of Business (continued): _____

You must provide the following information for each vehicle to be included in your waste transporter permit.

VEHICLES PERMITTED

1.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
2.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
3.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
4.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
5.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
6.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
7.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
8.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
9.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:
10.	Vehicle Make, Model, Type:	# of Axles:	Color:	Year:
	VIN#:	Registration#:		State:

Please use additional sheet if needed.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR DEPARTMENT USE ONLY

Vehicle Report Form & check received on: ___ / ___ / 2017	Fee Amt. Rec'd.: \$ _____	Check# _____	Processed check ___ / ___ / 2017	Corporation <input type="checkbox"/> Yes <input type="checkbox"/> No	Scanned & saved ___ / ___ / 2017
# of stickers _____, and approved permit mailed to hauler on ___ / ___ / 2017	Incomplete , due to insufficient paperwork, or other reason: Explain: _____		Approved by: _____ Date: _____		