



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, 2017 – June 30, 2018

HAULER / TRANSPORTER CONTACT INFORMATION

Corporation (In-state or Out-of-State), Ltd., Inc., Co., or LLC, = You must register your business with the Vermont Secretary of State's Corporation Division and apply the business name exactly the same on the line below. Or; if your business name is a **Trade-name, Partnership, Joint Venture, or Sole Proprietorship** = You must list your business name as "doing business as" (dba), and apply to the line below. (e.g., John Smith dba John Smith's Rubbish Removal).

Name of Business: _____

Contact Name (person): _____ Title: _____

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

Telephone: () _____ Email Address: _____

Check ONLY ONE of the following boxes. Print, complete, and mail the application(s) that are listed in the box that you have checked below. All electronic applications can be found at the following link: <http://dec.vermont.gov/waste-management/solid/waste-haulers>. Mail the original applications to the address at the top of this application. **Include a check with the following applications:**

<input type="checkbox"/> NEW PERMIT (required every 5 years). New applicants, or expired permits	<input type="checkbox"/> ANNUAL RENEWAL (every year) Renewals due each year by May 1 st .	<input type="checkbox"/> MODIFICATION To add vehicles anytime.
<input checked="" type="checkbox"/> 2017-2018 Vehicle Report Form (this form)	<input checked="" type="checkbox"/> 2017-2018 Vehicle Report Form (this form)	<input checked="" type="checkbox"/> 2017-2018 Vehicle Report Form (this form)
<input checked="" type="checkbox"/> Business Disclosure Statement	<input checked="" type="checkbox"/> Annual Renewal Statement	
<input checked="" type="checkbox"/> Personal History Disclosure(s)		
<input checked="" type="checkbox"/> Supplemental Application (only if you haul hazardous waste)		

If you haul waste out-of-state: 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>. VT Tax law requires that you also send the Agency of Natural Resources a "copy" of each completed Franchise Tax form. Mail or email the copy to the address above. **Identify the destination waste facility(ies) you haul to:**

VEHICLE FEES

Checks are made payable to: *Treasurer, State of Vermont*

Vehicle Type	Description of Vehicle	Fee (Per Vehicle)	How many vehicles?	\$ Total Amount
Hazardous Waste	(Hazardous Waste) - For Each <u>Hazardous Waste</u> Vehicle, Regardless of Size	\$125		\$
2-Axle	(Non-Hazardous Waste) - For Each <u>Pickup</u> , Each <u>Stake-Body</u> , or Each <u>Utility Trailer</u>	\$50		\$
3 or 4-Axle	(Non-Hazardous Waste) - For Each <u>Packer</u> , Each <u>Dump</u> , Each <u>Roll-Off</u> , or Each <u>Box Truck</u>	\$75		\$
All Other Larger Type Vehicles	(Non-Hazardous Waste) - For Each <u>Tractor</u> , or Each <u>Trailer</u> . Each One Must Be Permitted.	\$100		\$
Total, payable to: Treasurer, State of Vermont		Total →		\$

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

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

*Septage fee / report form at the following link: <http://dec.vermont.gov/sites/dec/files/wmp/residual/RMSRptSEPTAGEFeePaymentForm.pdf>.

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

Print or copy additional sheet(s) if needed.

FOR DEPARTMENT USE ONLY – NOT VALID UNTIL APPROVED

Vehicle Report Form & check received on: Date: ___/___/___	Fee Amt. Rec'd.: \$ _____	Check# _____	Processed check Date: ___/___/20__	Corporation <input type="checkbox"/> Yes <input type="checkbox"/> No DBA <input type="checkbox"/> Yes <input type="checkbox"/> No	Scanned & saved Date: ___/___/20__	# of stickers _____, & approved permit mailed to hauler on Date: ___/___/20__
<ul style="list-style-type: none"> • Business Disclosure Rec'd Yes <input type="checkbox"/> No <input type="checkbox"/> • Personal History Rec'd Yes <input type="checkbox"/> No <input type="checkbox"/> • Vehicle Report Form Rec'd Yes <input type="checkbox"/> No <input type="checkbox"/> • Supplemental Appl. Rec'd Yes <input type="checkbox"/> No <input type="checkbox"/> • Annual Statement Rec'd Yes <input type="checkbox"/> No <input type="checkbox"/> 			Incomplete, due to insufficient paperwork, or other reason: _____	Approved by: _____ Date: ___/___/20__		

To the best of my knowledge & belief, this application is true and accurate.

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