

**Department of Environmental Conservation**

**Waste Management & Prevention Division**

**Attn: Cheryl Hamilton**

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**State of Vermont**

**Agency of Natural Resources**

**Main Tel: # (802) 828-1138**

Mail all completed, applications to:

**VERMONT WASTE TRANSPORTATION VEHICLE REPORT FORM**

**This Vehicle Report Form is Valid – July 1, 2018 – June 30, 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 (Name of Business),* ***or*** * ***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 3 boxes (New, Annual Renewal, or Modification)****.*  *Print, complete, and mail the application(s) that are listed under the box that you have checked below.*  *All a*pplications listed with a check mark below can be found at the following link**:** [**http://dec.vermont.gov/waste-management/solid/waste-haulers**](http://dec.vermont.gov/waste-management/solid/waste-haulers)**.** | | | | | | | | | | | |
|  | **NEW PERMIT** (required every 5 years). | |  | **ANNUAL RENEWAL** (every yr.) Renewals due each year by May 1st | | | |  | **MODIFICATION to add vehicles anytime** | | |
| * **2018-2019 Vehicle Report Form** | | | * **2018-2019 Vehicle Report Form** | | | | | * **2018-2019 Vehicle Report Form** | | | |
| * **Business Disclosure Statement** | | | * **Annual Renewal Statement** | | | | |  | | | |
| * **Personal History Disclosure(s)** | | | * **Supplemental Application** (only if you haul hazardous waste) | | | | |
| * **Supplemental Application** (only if you haul hazardous waste) | | |  | | | | |
| **VEHICLE FEES** | | | | | | | | | | | |
| **Vehicle Type** | | **Description of Vehicle** | | | | | **Fee Per Vehicle** | | | **How many vehicles?** | **$ Total Amount** |
| **Hazardous Waste** | | (Hazardous Waste) - For Each Hazardous Waste Vehicle,  Regardless of Size | | | | | **$125.00** | | |  | $ |
| **2-Axle** | | (Non-Hazardous Waste) - For Each Pickup, Each Stake-Body, or  Each Utility Trailer | | | | | **$50.00** | | |  | $ |
| **3 or 4-Axle** | | (Non-Hazardous Waste) - For Each Packer, Each Dump, Each  Roll-Off, or Each Box Truck | | | | | **$75.00** | | |  | $ |
| **All Other Larger Type Vehicles** | | (Non-Hazardous Waste) - For Each Tractor, or Each Trailer.  Each One Must Be Permitted. | | | | | **$100.00** | | |  | $ |
|  | | ***Checks payable to: Treasurer, State of Vermont*** | | | | | **Total** | | |  | **$** |



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

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARDOUS WASTE:** | **Hazardous Waste** | | |
| **RESIDUAL WASTE**: | **Wastewater Treatment Sludge** | | **Septage**: If box is checked, you must also complete the following link, & include a fee. [**http://dec.vermont.gov/sites/dec/files/wmp/residual/RMSRptSEPTAGEFeePaymentForm.pdf**](http://dec.vermont.gov/sites/dec/files/wmp/residual/RMSRptSEPTAGEFeePaymentForm.pdf) |
| **SOLID WASTE:** | **Bio-solids**  **C&D**  **Medical**  **Organics**  **Recyclables**   **Scrap Metal**  **Solid Waste**  **Tires** | | |
| **Other waste, describe:** |  | | |
| **List facilities you are hauling to, in-state and/or out-of-state:** | |  | |
| **Note: “**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” on a quarterly basis**. Please mail/email a copy to the address at the top of this application.. | | | |

**Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***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: |

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR DEPARTMENT USE ONLY – NOT VALID UNTIL APPROVED | | | | | | | | |
| Vehicle Report Form received on:  Date: / /\_20\_\_\_\_ | **Fee Amt. Rec’d.:**  **$\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_  **Date: \_\_\_\_/\_\_\_\_/**20\_\_\_\_\_\_ | | **Processed check**  ­­­­  **Date:** \_\_/\_ \_/20\_\_\_\_  **Check#\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Refund**?  **Yes  No**  **How much**    $\_\_\_\_\_\_\_\_\_\_\_ | **Corporation**  Yes  No  **DBA**  Yes  No | | **Scanned & saved**  **Database updated**  **Date:** \_\_/\_\_/20\_\_\_\_ | **# of stickers**\_\_\_\_\_\_\_  **& approved permit**  **mailed to hauler on**  **Date:** \_\_\_/\_\_/20\_\_\_ |
| * Business Disclosure Rec’d * Personal History Rec’d * Supplemental Appl. Rec’d * Annual Statement Rec’d | | Yes  No  Yes  No  Yes  No  Yes  No | **Incomplete,** due to insufficient paperwork, or other reason: | | | **Approved by**:  **Date:** \_\_\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_\_ | | |