

**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**

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| **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**
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| * **Business Disclosure Statement**
 | * **Annual Renewal Statement**
 |  |
| * **Personal History Disclosure(s)**
 | * **Supplemental Application** (only if you haul hazardous waste)
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| **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.***

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| **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.***

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| 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\_\_\_\_\_\_\_ |