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| [Home](http://anr.vermont.gov/)  *Mail all forms to the address at the right, along with a check.*  State of Vermont | Department of Environmental Conservation  Waste Management & Prevention Division  Attn: Cheryl Hamilton  1 National Life Drive, Davis 1, Montpelier VT 05620-3704  Tel: (802) 522-5949 Email: [Cheryl.Hamilton@vermont.gov](mailto:Cheryl.Hamilton@vermont.gov)  Main Tel: (802) 828-1148 |

# VERMONT WASTE TRANSPORTATION VEHICLE REPORT FORM

(This Vehicle Report Form is Valid July 1, 2019 - June 30, 2020, if approved on page 2)

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| **PERMIT, ANNUAL RENEWAL OR MODIFICATION -** Check only one of the following boxes (NEW, ANNUAL RENEWAL, RENEWAL OF YOUR  5-YEAR PERMIT, OR MODIFICATION), then complete this form and submit the applications listed below, with a check. | | |
| **“NEW PERMIT” or**  **“RENEWAL of your 5-YEAR PERMIT”**  (“Permit Renewal” Required every 5-years)   * **Vermont Waste Transportation Vehicle Report Form** -this form   **☞Business Disclosure Statement**  **☞Personal History Disclosure** | “ANNUAL RENEWAL”  (Due every year by May 1st.)  ☞Vermont Waste Transportation  Vehicle Report Form -this form  ☞Annual Statement | “MODIFICATION”  (Any time you need to add a vehicle)  *☞*Vermont Waste Transportation  Vehicle Report Form -this form |
| *\*See links below for additional forms you may need for hauling: hazardous waste; non-hazardous waste out-of-state, or septage.* | | |

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| **APPLICATIONS / FORMS Online** – go to the following website - <https://dec.vermont.gov/haulers> |
| **APPLICANT INFORMATION –** review corporation and single owner information below, and apply to the business name below |

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| **CORPORATION?**  (LLC, Inc, Co., etc.) | | ⬩ If your business is a corporation and you are hauling in Vermont, or if you are hauling from out-of-state you must register with the Vermont  Corporation Division at the following link. <https://www.vtsosonline.com/online>. You should register first before completing any other forms. | | | | | | | |
| **SINGLE OWNER?**  (Sole proprietor) | | ⬩ If you are a single-owner, you must list your business name as “doing business as” (dba). Example: ***John Smith dba John Smith’s Septage*** | | | | | | | |
| **Corporation Business Name:** | | |  | | | | | | |
| **Single-Owner Business Name:** | | |  | | | | | | |
| **Contact Name:** | | |  | | | | | | |
| **Address:** | | |  | | | | | | |
| **City:** |  | | | | | State: |  | Zip code: |  |
| **Telephone:** | ( ) | | | Email: |  | | | | |

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| **TYPE OF WASTE YOU HAUL –** check all that apply. | | | | | | | | | | |
| **HAZARDOUS WASTE** | **Hazardous Waste** – Complete the **Supplemental Application at the following link:** [**https://dec.vermont.gov/sites/dec/files/wmp/SolidWaste/Documents/suppl-app-2002.pdf**](https://dec.vermont.gov/sites/dec/files/wmp/SolidWaste/Documents/suppl-app-2002.pdf) | | | | | | | | | |
| **RESIDUAL WASTE** | **Septage** – Complete the form at the following link and submit it to the ResidualsProgram *-* <https://dec.vermont.gov/sites/dec/files/wmp/residual/RMSRptSEPTAGEFeePaymentForm.pdf> | | | | | | | | | **Wastewater**  **Treatment Sludge** |
| **SOLID WASTE** | **Asbestos** | **Bio-solids** | | | **C&D** | **Medical** | **Organics** | **Recyclables** | **Scrap Metal** | |
| **SOLID WASTE** | **Solid Waste** | | **Tires** | **Used Oil** | | **Other** (please list): | | | | |

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| **Hauling non-hazardous waste**  **materials out-of-state for disposal?** | | YES | NO | | | If yes, you must send a copy of your SW Franchise Tax forms, quarterly, to DEC (see contact information at the top of this page). To pay the Franchise tax go to- <http://tax.vermont.gov/content/form-swt-608>. Or, register, file your return, and pay the taxes due at, <https://myvtax.vermont.gov/>. <Tel:# (802)> 828-2551, or email at [tax.business@vermont.gov](mailto:tax.business@vermont.gov). | | | |
| **LIST THE FACILITIES THAT YOU ARE HAULING TO** (including city/state)**:** | | | |  | | | | | |
| **VEHICLE / TRAILER FEE(S)** - Our DEC Refund Policy states that if applications are deemed incomplete after 60 days fee(s) will NOT be refunded. | | | | | | | | | |
| Vehicle Type | | | | | Description of Vehicle | | **Vehicle Fees per vehicle** | **How many vehicles** | Total Amount |
| **Non-Hazardous Waste** | 2-Axle | | | | For each pickup, each stake-body, or each utility trailer. | | **$50** |  | $ |
| **Non-Hazardous Waste** | 3 or 4-Axle | | | | For each packer, each dump truck, each roll-off, or each box truck. | | **$75** |  | $ |
| **Non-Hazardous Waste** | All other larger type vehicles | | | | For each tractor, or each trailer. Each one must be permitted. | | **$100** |  | $ |
| **Hazardous Waste** | Any size vehicle or trailer | | | | For each vehicle / or each trailer, regardless of size. | | **$125** |  | $ |
| *Checks payable to: State of Vermont, Treasurer – mail the check with the applications.* | | | | | | | **Total** |  | $ |

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

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| **VEHICLES PERMITTED -***Complete each category below, for all vehicles, and for all trailers.*  *You may also make copies of this page; or attach an excel spreadsheet to include additional vehicles.* | | | | | | | | | |
| **Qty.** | **Vehicle Make,**  **Model, Type** | **# of Axles** | **Color** | **Year** | **VIN#** | **Registration #** | **State** | **Haz. Waste**  **(Yes/No)** | |
| 1. |  |  |  |  |  |  |  | YES | NO |
| 2. |  |  |  |  |  |  |  | YES | NO |
| 3. |  |  |  |  |  |  |  | YES | NO |
| 4. |  |  |  |  |  |  |  | YES | NO |
| 5. |  |  |  |  |  |  |  | YES | NO |
| 6. |  |  |  |  |  |  |  | YES | NO |
| 7. |  |  |  |  |  |  |  | YES | NO |
| 8. |  |  |  |  |  |  |  | YES | NO |
| 9. |  |  |  |  |  |  |  | YES | NO |
| 10. |  |  |  |  |  |  |  | YES | NO |

If you are no longer hauling please contact us to let us know, and we will remove you from our mailing list.

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

**Hauler’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Owner, Officer, Director, or Duly Authorized Signatory)



**PLEASE STOP HERE!**

For Department use ONLY

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| **Date Fee Received** | **Amount** | | **Check #** | | | | **Date Processed check** | | | | **# of Stickers** | |
|  | **$** | |  | | | |  | | | |  | |
| **Applications/Forms** | | **Date Received** | | **Date Returned for completion** | **Date Received** | **Date Scanned & Saved** | | **Date Database updated** | **Corporation**  **Yes/No** | **DBA**  **Yes/No** | | **Complete & sent to hauler on** |
| **Vehicle Report Form** | |  | |  |  |  | |  |  |  | |  |
| **Annual Renewal** | |  | |  |  |  | |  |  |  | |  |
| **Business Disclosure Statement** | |  | |  |  |  | |  |  |  | |  |
| **Personal History Disclosure** | |  | |  |  |  | |  |  |  | |  |
| **Supplemental Application** | |  | |  |  |  | |  |  |  | |  |
| **Notes:** | | | | | | | | | | | | |

**Complete and Approved by ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Not valid until approved by DEC staff.