



BUSINESS DISCLOSURE STATEMENT FOR CERTIFICATION and HAULER APPLICATIONS

Pursuant to 10 V.S.A. § 6605f

Disclosure Statement Instructions

- 1. WHO MUST COMPLETE THIS FORM?** Every nongovernmental entity required to obtain a certification for a solid, or hazardous waste, or residual waste under 10 V.S.A. §§6605, 6605a, or 6606, to obtain an interim certification under 10 V.S.A. §6605b, or any waste hauler required to obtain a waste transportation permit under 10 V.S.A. §6607a, or under rules adopted under 10 V.S.A. §6607, and all non-governmental entities that contract with an applicant governmental entity to conduct any part of the applicant governmental entity's operation, must complete this form. The authority of the Agency of Natural Resources and the Vermont State Police to perform a background investigation of the applicant and others is set forth in 10 V.S.A. §6605f.
- 2. ALL QUESTIONS MUST BE ANSWERED.** Please read this form carefully. Start on page 3 and follow the "go to" pages indicated at the bottom of the page. You must answer all questions and check the appropriate boxes.
- 3. ANSWER COMPLETELY AND TRUTHFULLY.** You are expected to make diligent efforts to check your records, and other records or sources to which you have access, in order to answer the questions accurately and completely. Failure to answer all questions completely and truthfully may result in sanctions as provided by law, in permit denial or revocation, or in delay in processing the application because the statement had to be returned to you for completion including notarized again, and may result in additional inquiries from the Vermont State Police and/or the Agency of Natural Resources. **All violations listed must be explained.** Please include name and address of agency, department, etc., which issued the violation(s), and include a full description of each violation. Violations referenced by numbers will not be accepted. Full descriptions are required to ensure that a proper determination may be made; a copy of the signed court or settlement documents may also be requested by the Agency.
- 4. ADDITIONAL SPACE.** Insert additional page(s) immediately following the page on which the question you are answering appears.
- 5. TYPE OR PRINT YOUR ANSWERS.** This form is available in a fillable form. You must download it to your computer first before completing it. Or, print the non-fillable form and type or print in legible block letter style.
- 6. SUBMITTALS.** Each key employee, officer, or director listed in this disclosure statement must complete and submit a Personal History Disclosure Form. All required disclosure statements must be submitted for a permit, or certification, and must be signed and notarized. Once we receive the original disclosure statements, if any of the page(s) are incomplete/unreadable and need to be changed you must submit that revised page(s) and have it notarized again. Those pages must be returned to us once they are complete before we can process a permit or certification. Forms can be found at the following link: <https://dec.vermont.gov/haulers>
- 7. RIGHT TO ASK FOR ADDITIONAL INFORMATION.** The Agency of Natural Resources and the Vermont State Police reserve the right to ask for additional supplementary information relative to issues relevant under 10 V.S.A. §6605f. Processing your application will not be completed until all information requested has been provided.

DEFINITIONS

KEY EMPLOYEE, Officer, or Director - Means any individual employed by a business concern in a management capacity, or who is empowered to make discretionary decisions of a financially material nature with respect to the solid, residual, or hazardous waste operations of the business concern.

NON-GOVERNMENTAL APPLICANT - Means any person (any natural person, corporation, partnership, joint venture, unincorporated association or other legal entity), other than a unit of local, state or federal government, and who is required to obtain certification under 10 V.S.A. §6605, 10 V.S.A. §6605(b), 10 V.S.A. §6606, 10 V.S.A. §6607, or 10 V.S.A. §6607a. Persons required to obtain such certification include a waste hauler and the owner, operator and landowner of a facility.

SOLID, RESIDUALS, OR HAZARDOUS WASTE BUSINESS - Means any activity at any location or facility where solid, residual, or hazardous waste is treated, stored, processed or disposed, including, but not limited to: transfer stations, terminals or business offices of collectors/haulers or transporter operations, sanitary landfills, dumps, incinerators, composting and recycling facilities.

SECTION I. BUSINESS CONCERN INFORMATION

Check one of the following boxes and include the exact business name on the line below and include it on all other forms relating to your permit or certification.

Corporation? If you are seeking to do business in Vermont as a business name other than your own personal name, or if your business is an out-of-state “foreign” corporation, you are required to register with the Vermont Secretary of State’s Corporation Division, prior to applying for a permit. It is up to the hauler to periodically review the Corporation’s Division’s website to assure registration is active during the duration of the permit. Please go to the following link to register - <https://www.vtsosonline.com/online>. You must apply the business name exactly as it is at the Corporation Division on all waste hauler forms.

SOLE PROPRIETORSHIP – If your business is not a corporation and you are the sole proprietor (single-owner) you should list your business name on the line below as “doing business as” (dba), and on all waste hauler forms. **Example:** John Smith dba John Smith’s Trucking.

BUSINESS NAME:			
CONTACT NAME:		TITLE:	
MAILING ADDRESS:		PHYSICAL ADDRESS:	
CITY:		STATE:	ZIP CODE:
TEL #: ()		EMAIL ADDRESS:	

This disclosure statement is being filed in connection with an application for certification, or permit for:

FACILITY (check all that apply)	
<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Owner <input type="checkbox"/> Operator
<input type="checkbox"/> Hazardous Waste	
<input type="checkbox"/> Residual Waste	
<input type="checkbox"/> Other – please describe:	

WASTE TRANSPORTER -MATERIALS YOU HAUL (check all that apply)					
<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"/> Sludge (Paper)	<input type="checkbox"/> Sludge (Wastewater Treatment)	<input type="checkbox"/> Tires
<input type="checkbox"/> Other (used oil, asbestos, soil, etc.) - please describe:					

TYPE OF BUSINESS (check one)	
<input type="checkbox"/> Sole Proprietorship (single owner) ➔ go to page 4	<input type="checkbox"/> Partnership ➔ go to page 5
<input type="checkbox"/> Joint Venture ➔ go to page 7	<input type="checkbox"/> Corporation ➔ go to page 8
<input type="checkbox"/> Limited Liability Corporation ➔ go to page 8	<input type="checkbox"/> Other (please describe):

PART I. SOLE PROPRIETORSHIP - APPLICANT IDENTIFYING DATA

Date Proprietorship Received Trade Name Registration (If any): ____/____/20____

Federal E.P.A. Identification No. (If any):

KEY EMPLOYEES. List all key employees of the proprietorship (see definition of "key employee" on page 2).

The sole proprietor and all key employees listed above must complete a Personal History Disclosure form.

OTHER NAMES UNDER WHICH THE PROPRIETOR DOES BUSINESS. List all other names under which the proprietor does or has, in the last five years, done business, including: "trading as", "doing business as (dba)" and "also known as (aka)" names, whether; used, or not used.

NAME	DATES NAME WAS IN USE FROM YEAR TO YEAR	STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	
	____/____/____ - ____/____/____	

PAST ADDRESSES OF SOLE PROPRIETOR'S PRINCIPAL OFFICE. List all addresses of principal locations of the proprietor's business in the past ten years.

ADDRESS	DATES OCCUPIED AS PRINCIPAL OFFICE FROM YEAR TO YEAR
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____

If your business is considered; single-owner, joint venture, or partnership, you must list your business name as "doing business as" (dba) on all applications.

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PART II. PARTNERSHIP - APPLICANT IDENTIFYING DATA

FORM OF PARTNERSHIP (check one):

<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
Date Partnership Was Established: _____ / _____ / 20 _____	Date Partnership Received Trade Name Registration: _____ / _____ / 20 _____
Federal E.P.A. Identification # (If any):	

PARTNERS. List all the Partners of the business concern.

KEY EMPLOYEES. List all key employees of the partnership.

All Partners and all Key Employees listed above must complete a Personal History Disclosure Form.

If your business is considered; single-owner, joint venture, or partnership, you must list your business name as "doing business as" (dba) on all applications.

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OTHER NAMES OF PARTNERSHIP. List all other names under which the partnership does, or has in the last five years done business, including: names of divisions and "trading as", "doing business as", and "also known as" names, whether used or not used.

NAME	DATES NAME WAS IN USE FROM YEAR TO YEAR	STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	

PAST ADDRESSES OF PARTNERSHIP'S PRINCIPAL OFFICE(S). List all addresses of principal locations of the partnership within the past five years.

ADDRESS	DATES OCCUPIED AS PRINCIPAL OFFICE FROM YEAR TO YEAR
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____
	____/____/____ - ____/____/____

FORMER PARTNERS AND KEY EMPLOYEES. List the following information for each person not listed above who has been a partner or a key employee at any time during the past five years.

Name:	Last known address:	
Position held (From - To): ____/____/____ - ____/____/____	Date of birth: ____/____/____	
Name:	Last known address:	
Position held (From - To): ____/____/____ - ____/____/____	Date of birth: ____/____/____	
Name:	Last known address:	
Position held (From - To): ____/____/____ - ____/____/____	Date of birth: ____/____/____	

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PART III. JOINT VENTURE - APPLICANT IDENTIFYING DATA

Date joint venture was established:	Federal E.P.A. ID#. (If any):
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Date authorized to do business in Vermont*: ____/____/20____

See the following link: <https://www.vtsosonline.com/online>. Certificate of Authority required to do business in Vermont.

List All Joint Ventures:

CORPORATIONS - For each of the Joint Ventures listed above, which are **CORPORATIONS**, you MUST complete part IV on page 8 of this application, and the required **PERSONAL HISTORY DISCLOSURE FORM**.

PARTNERSHIPS - For each of the Joint Ventures listed above, which are **PARTNERSHIPS**, you MUST complete part II on page 5, and the required **PERSONAL HISTORY DISCLOSURE FORM**.

INDIVIDUALS - For each of the Joint Ventures listed on this page who are **INDIVIDUALS**, you MUST complete a **PERSONAL HISTORY DISCLOSURE FORM**.

OTHER NAMES OF JOINT VENTURE. List all other names under which the joint venture does, or has in the last five years done business, including names of divisions and "trading as", "doing business as", and "also known as" names, whether used or not used.

NAME	DATES NAME WAS IN USE FROM YEAR TO YEAR	STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	

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PART IV. CORPORATE - APPLICANT IDENTIFYING DATA

CERTIFICATE OF AUTHORITY: IMPORTANT: If you are seeking to do business in Vermont as a business name other than your own personal name, regardless of the goods or services provided; or if your business is an out-of-state "foreign corporation", you are required to obtain a Certificate of Authority from the Vermont Secretary of State's Corporation Division. It is up to the hauler to periodically review the Corporation Division's website to assure registration is active during the duration of the permit. If terminated from the Corporation Division, the hauler will be determined ineligible for a permit, due to incomplete applications.

To register go to the following link- <https://www.vtsosonline.com/online> Once registered, apply that information to this page (pg. 8).

*REGISTERED AGENT:		DATE OF INCORPORATION: ____/____/20____
FEDERAL EMPLOYER IDENTIFICATION NO. (If any):	FEDERAL E.P.A. IDENTIFICATION NO. (If any):	
DATE AUTHORIZED TO DO BUSINESS IN VERMONT*: ____/____/20____		
OFFICERS: List all the Officers of the corporation (each Officer must complete a Personal History Disclosure): _____ _____ _____		
DIRECTORS. List all the Directors of the corporation (each Director must complete a Personal History Disclosure). _____ _____		
KEY EMPLOYEES. List all key employees of the corporation (each key employee must complete a Personal History Disclosure). _____ _____		
If there are any new officers, directors, or key employees throughout the permit period, you must send us a new Business Disclosure Statement, and a Personal History Disclosure for each new person.		

*A registered agent is a person or entity, designated in the articles of incorporation /organization, who can accept legal documents and notifications from a state office on behalf of a corporate entity. All corporations and Limited-Liability Companies (LLC) must choose a person or entity to act as their registered agent. There are few restrictions regarding who can be a registered agent other than that the person or entity must be located and available at a physical street address within the state during normal business hours. It is important that you select a reliable company when choosing your registered agent.

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OTHER NAMES OF CORPORATION. List all other names under, which the corporation does, or has in the last five-years done business, including names of divisions and "trading as", "doing business as" and "also known as" and any trade names registered by the corporation, whether used or not used.

NAME	DATES NAME WAS IN USE FROM YEAR TO YEAR	STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	
	Position held (From - To): ____/____/____ - ____/____/____	

PAST ADDRESSES OF CORPORATION'S PRINCIPAL OFFICE(S). List all addresses of principal locations of the business concern within the past five years.

ADDRESS	DATES OCCUPIED AS PRINCIPAL OFFICE FROM YEAR TO YEAR
	Position held (From - To): ____/____/____ - ____/____/____
	Position held (From - To): ____/____/____ - ____/____/____
	Position held (From - To): ____/____/____ - ____/____/____
	Position held (From - To): ____/____/____ - ____/____/____
	Position held (From - To): ____/____/____ - ____/____/____

FORMER PARTNERS AND KEY EMPLOYEES. List the following information for each person not listed above who has been an Officer, Director, or a Key Employee of the corporation at any time during the past five years.

Name:	Last known address:	
Position held (From - To): ____/____/____ - ____/____/____	Date of birth: ____/____/____	
Name:	Last known address:	
Position held (From - To): ____/____/____ - ____/____/____	Date of birth: ____/____/____	
Name:	Last known address:	
Position held (From - To): ____/____/____ - ____/____/____	Date of birth: ____/____/____	

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SECTION II. EQUITY AND DEBT OWNERSHIP

10 V.S.A. §6605f requires the applicant to list all persons or business concerns which hold equity in or debt liability of an Applicant's business. **Please refer to the definitions of "*debt" and "***equity" below.**

Is the applicant business publicly traded (i.e., do you sell shares of stock in your company/business)?

Check either yes or no.

Yes

No

If YES, list all persons or business concerns, which hold more than 5% of the equity in or debt liability of the applicant business concern.

If NO, list all persons or business concerns holding any equity in or debt liability of the applicant business concern.

Note: The Secretary of the Agency of Natural Resources and the Commissioner of Public Safety reserves the right to require the Applicant to submit additional disclosure statements for those holding equity in or debt liability of the applicant business concern. See 10 V.S.A. Section 6605f(b)(1) & (2).

***DEBT** - Means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages and loans of any kind, secured or unsecured.

****EQUITY** - Means any ownership interest in a business concern, including without limitation a sole proprietorship, partner's shares, joint venture interests and stock in a corporation.

SECTION III. DISCLOSURE OF CIVIL AND ADMINISTRATIVE PENALTIES

As used in this section, the phrase "**violation of any law or regulation pertaining to the protection of the environment**" includes the violation of any local, state or federal statute, rule, regulation, order (judicial or administrative), certification or permit relating to the generation, collection, transportation, treatment, processing, storage or disposal of solid or hazardous waste, and to any local, state or federal statute, rule, regulation, order (judicial or administrative), certification or permit relating to water pollution, air pollution, discharge of hazardous substances, land use, wetlands protection, pesticide control, or toxic substances control.

PART I. JUDICIALLY DETERMINED CIVIL VIOLATIONS

List and explain all civil violations, which a federal, state or local court, or a court of a foreign country, has determined to have been committed by your business, and list and explain any and all admissions made by your business or any person employed by your business in connection with any judicial proceeding, regarding any **violation of any law or regulation pertaining to the protection of the environment**, the public health or public safety, or pertaining to the regulation of activities which affect the environment, public health or public safety in any way whatsoever. Attach additional pages if necessary.

Do you have any "ENVIRONMENTAL" violations?

Check the yes or no box below.

<input type="checkbox"/> YES → <i>If you checked yes, please complete the following section.</i>		<input type="checkbox"/> NO <i>If no, go to part II below.</i>	
COURT:		LAW OR REGULATION VIOLATED:	
DATE OF JUDICIAL DETERMINATION OR ADMISSION:	DATE OF VIOLATION:	PENALTY ASSESSED: \$	
NATURE AND LOCATION OF VIOLATION:			
REMEDATION REQUIRED:			

PART II. ADMINISTRATIVE VIOLATIONS

List and explain all administrative violations which a federal, state, local or foreign administrative body or agency, or a quasi-judicial body, has determined to have been committed by your business, and any and all violations made by your business or any person employed by your business, including those resulting in an assurance of discontinuance or other form of consent decree, regarding any violation of any law or regulation pertaining to the protection of the environment, the public health or public safety, or pertaining to the regulation of activities which affect the environment, public health or public safety in any way whatsoever. Attach additional pages if necessary.

Do you have any "ADMINISTRATIVE" violations?

Check the yes or no box below.

<input type="checkbox"/> YES → <i>If you checked yes, please complete the following section.</i>		<input type="checkbox"/> NO <i>If no, go to page 12</i>	
ADMINISTRATIVE OR QUASI-JUDICIAL BODY/AGENCY:		LAW OR REGULATION VIOLATED:	
DATE OF JUDICIAL DETERMINATION OR ADMISSION:		PENALTY ASSESSED: \$	
NATURE AND LOCATION OF VIOLATION:			
REMEDATION REQUIRED:			

***** THIS SECTION IS FOR ANR USE ONLY *****

FINAL DECISION ON VIOLATIONS:	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	
Signature:			Date approved:
NOTES:			

CERTIFICATIONS

This *Business Disclosure Statement* must be signed and certified below by one of the following officials of the business concern:

- **CORPORATIONS:** President, Chairman of the Board, CEO, Secretary, or Treasurer.
- **PARTNERSHIPS:** All general partners.
- **SOLE PROPRIETORS:** The owner.
- **JOINT VENTURES:** All ventures.
- **ANY OTHER BUSINESS FORM:** Chief officer, Secretary or Treasurer.

APPLICANT'S SIGNATURE & DATE

I hereby certify under penalty of law that this document and all attachments were prepared by me, or by a person or persons under my direction, or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my personal knowledge, or upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant's Signature

Date

Type or Print Clearly the Applicant's Name and Title

NOTARY

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Signature: _____

My Commission Expires: _____

Apply Notary Stamp in box →