

**SUPPLEMENTAL APPLICATION
FOR
HAZARDOUS WASTE TRANSPORTERS ONLY**

1. **APPLICANT NAME:** _____
2. **MAILING ADDRESS:** _____

3. **PHONE NUMBER:** _____
4. **ROUTINE CONTACT** _____
5. **EMERGENCY CONTACT:** _____
6. **ALTERNATE EMERGENCY CONTACT:** _____
7. **EPA IDENTIFICATION NUMBER:** _____

(Note: If you have not been issued an EPA ID. number, your application **must** include a completed VT Hazardous Waste Handlers Site ID Form, which will result in the issuance of an EPA ID. No. If you need a copy of this form, contact the Hazardous Waste Program at (802) 828-1138).

8. **TYPES OF WASTE (Check all that apply):** Used Oil Hazardous Waste
 Transporter of Own Wastes Only Transporter for Commercial Purposes*
- *Local Contact Name & Telephone: _____
- *Local Contact Town & State: _____

9. **METHOD(S) OF HAZARDOUS WASTE TRANSPORT (Check all that apply):**
- non-bulk liquids (<3,500 water gallons) **(MCS-90 DOT form indicating \$1 million primary insurance is required)**
- bulk liquids (>3,500 water gallons) **(MCS-90 DOT form indicating \$5 million primary Insurance is required).**
- drummed solids **(MCS-90 DOT form indicating \$1 million primary insurance is required)**
- other solids **(MCS-90 DOT form indicating \$1 million primary insurance is required)**

10. **STATEMENT OF REQUIRED TRAINING AND LIABILITY INSURANCE REQUIREMENTS:**

I certify that all employees involved in the pick up or delivery of regulated hazardous wastes in Vermont have been trained in accordance with the Federal Code of Regulations Title 49 Parts 171-179 and all other applicable DOT regulations and the Vermont Hazardous Waste Management Regulations Section 7-409.

I further certify that the appropriate insurance coverage, including an MCS-90 endorsement, for the required amounts checked in #9, above, and in accordance with the Vermont Hazardous Waste Management Regulations Section 7-410, is in full force and effect and shall be maintained in full force and effect during the term of the permit.

Print/Type Name & Title

Signature

Date