

## Solid Waste Hauler Registration Form

**Business Information:**

Business Name (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Waste hauling yard location: \_\_\_\_\_

**Owner Information:**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ ST: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Solid Waste Vehicle(s):** *(Provide the following information for each vehicle. If more space is needed, please use a second form)*

STATE	LICENSE PLATE #	VEHICLE #	CAPACITY (TONS)	VEHICLE TYPE	LOCATION(S) OF OPERATION	LOCATION(S) EMPTIED
<i>i.e. CA</i>	<i>ABC 1234567</i>	<i>No. 175</i>	<i>20 ton</i>	<i>Frontloader</i>	<i>City/Town</i>	<i>ABC Landfill</i>

**Office Use Only**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Amt. Type: \_\_\_\_\_ #: \_\_\_\_\_ FA #: \_\_\_\_\_ Rcvd by: \_\_\_\_\_

STATE	LICENSE PLATE #	VEHICLE #	CAPACITY (TONS)	VEHICLE TYPE	LOCATION(S) OF OPERATION	LOCATION(S) EMPTIED

Does your organization provide waste bins? YES  NO

If "yes", please complete the "Solid Waste Bin Registration Form" and return it along with this form.

If your organization operates solid waste vehicles in the County of Imperial, please submit the completed form with the required registration fee of \$330.00 **plus** \$25.00 for each additional vehicle located at designated waste hauling yard operation above. Submit completed form to:

**Imperial County Public Health Department  
Division of Environmental Health  
797 Main Street, Suite B  
El Centro, CA 92243**

<b>Billing and Compliance Acknowledgement</b>	
INITIAL	I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I further understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Department in writing within 10 business days before the change occurs. I acknowledge that failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.
INITIAL	I hereby certify, under penalty of perjury, that the information supplied on this application is true and correct. The permit issued subsequent to this application shall become VOID AND THE FEE FORFEITED upon falsification of any portion of this application. I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that are now or may here-in-after be in force by the United States Government, State of California, and/or County of Imperial pertaining to the above named business. I hereby consent to all inspections pertaining to the issuance of this permit and the operation of this business.

Applicant's Name: \_\_\_\_\_  
*Please Print*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner or Authorized Agent*

**ENVIRONMENTAL HEALTH USE ONLY**

Comments:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_