

WASTE HAULER PERMIT APPLICATION

COMPANY NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
BUSINESS PHONE: _____
BUSINESS CONTACT PERSON: _____
CONTACT PERSON PHONE: _____
BUSINESS PRIMARY OWNER OR OFFICER: _____
OWNER OR OPERATOR PHONE: _____
EMERGENCY CONTACT: _____
EMERGENCY PHONE: _____
BUSINESS LIABILITY INSURANCE CARRIER: _____
POLICY NUMBER: _____
NO. OF HAULING VEHICLES: _____
HAUL TANK VOLUME CAPACITY: _____
HAULED WASTE CHARACTERISTICS: _____
DRIVER NAMES: _____
APPROXIMATE DISCHARGE RATE: (GPM) _____
LIST VACATION SHUTDOWN DATES: _____
LIST HOLIDAYS CLOSED: _____
BUSINESS HOURS: _____
LIST VEHICLE LICENSE PLATE NOS. _____

AUTHORIZED REPRESENTATIVE STATEMENT:

I certify under penalty of law that this document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on 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.

Name(s) Title

Signature Date Phone Number

Send application with a check for \$50.00 permit fee to: Pretreatment Coordinator, Glasgow Water Co., P.O. Box 819, Glasgow, KY 42142-0819. Application Review process may take ten to fourteen working days to be complete.