WASTE HAULER APPLICATION FORM

Type of Permit Applying for:

______ Type I – Domestic Wastewater

______ Type II – Fats, Oil and Grease, Used Cooking Oil

______ Type III – Specialized Wastewater.

BUSINESS INFORMATION

Company Name: ____________________________ Phone No.: ____________________________

Mailing Address: ________________________________________________________________

Business Address: ______________________________________________________________

City: ____________________________ State: _____________ Zip: ____________________________

Business Email Address: ____________________________ Business Fax No: __________________

Hours of Operation: ____________________________

CONTACT INFORMATION

Company Contact Person: ____________________________ Phone: __________________________

Contact’s Person Address: _________________________________________________________

City: ____________________________ State: _____________ Zip: ____________________________

Contact’s Email Address: _________________________________________________________

24-Hr Emergency Phone No.: ____________________________

HAULED WASTE INFORMATION

Type and estimated volumes of wastewater to discharging into the City & County of Honolulu (CCH).

Industrial Waste: __________

Landfill Leachate: __________

Septic Tank: __________

Cesspool: __________

Portable Toilets __________

Others ________________________________________________________________

______________________________________________________________

Estimated Weekly Volume:_______________ Estimated Annual Volume: ________________
**DRIVER’S IDENTIFICATION LIST**  (List of drivers to be operating a vehicle covered under permit)

<table>
<thead>
<tr>
<th>Drivers Name</th>
<th>License No.</th>
<th>State</th>
<th>Exp. Date</th>
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**VEHICLE’S IDENTIFICATION LIST**  (List of vehicle to be covered under permit.)

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<th>Make / Model</th>
<th>License No.</th>
<th>Gallons</th>
<th>Exp. Date</th>
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All vehicles operating under this permit shall be registered with CCH and the State Department of Health. Vehicles shall be clearly labeled with the company name before being placed into operation. Submit pictures of each vehicle showing the front, side and rear views of the vehicles are required. Vehicle front and rear views must show the license plate of the vehicle. Each vehicle shall have the company logo/name on the door or tank prior to submission of application.

**INSURANCE**

Attach a certificate documenting that your company has adequate comprehensive general liability and auto liability insurance which includes the District as an additional insured and includes provisions for informing CCH 10 days prior to the time of policy cancellations or renewals.
Application containing incomplete or missing information will not be processed. Sign completed application and submit with truck photos by email to: envlwh@honolulu.gov or fax to: (808) 768-1553, or send by postal mail to:

Department of Environmental Services
City & County of Honolulu
1000 Uluohia Street, Suite 303
Kapolei, Hawaii 96707
Attention: Nestor Beltran / Quintin Beltran
Regulatory Control Branch

“I certify under penalty of law that this document and all 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 and Title of signing official: ___________________________________________  
Signature: ______________________________________________ Date: ___________