

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)

<u>Drivers Name</u>	<u>License No.</u>	<u>State</u>	<u>Exp. Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VEHICLE'S IDENTIFICATION LIST (List of vehicle to be covered under permit.)

<u>Make / Model</u>	<u>License No.</u>	<u>Gallons</u>	<u>Exp. Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____