

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
& ENVIRONMENTAL CONTROL
DIVISION OF AIR & WASTE MANAGEMENT
89 KINGS HIGHWAY
DOVER, DELAWARE 19901



SOLID & HAZARDOUS WASTE
MANAGEMENT BRANCH

TELEPHONE: (302) 739-9403

FAX No.: (302) 739-5060

Dear Hazardous Waste Transporter:

Please find enclosed an application for a Delaware Hazardous Waste Transporter Permit. The Solid and Hazardous Waste Management Section (SHWMS) has made several changes to the hazardous waste transporter permitting program, and the enclosed application has been revised to reflect these changes. The most evident change, revealed on page one of the application, affords transporters renewing their permits to select a pre-paid multi-year permit option. Regardless of the number of years you select, the \$300 annual permit fee and the \$50 public notice fee remain unchanged.

Once a complete application is received by the SHWMS, please allow approximately ten weeks for the SHWMS to review, public notice and issue your Delaware Hazardous Waste Transporter permit. As we are unable to issue temporary approvals to transport in, out, or through the state of Delaware, we make every effort to issue your permit in less than ten weeks. Please assist us in our effort by ensuring your submitted application is complete, that it includes all required attachments, and that your application is received with payment in the form of a check or money order made payable to the *State of Delaware*.

If you are renewing an expiring hazardous waste transporter permit, your permit application must be received by the SHWMS no less than ninety (90) days prior to the expiration of your current permit. This helps to ensure your new permit is issued prior to your current permit's expiration date. Should you not submit your renewal application as required, your ability to seek a permit extension for your expiring permit is limited by regulation.

Please direct all hazardous waste transporter applications with attachments and permit fees to:

Department of Natural Resources and Environmental Control
Solid and Hazardous Waste Management Section
89 Kings Highway
Dover, Delaware 19901

If you have any questions regarding the application, please feel free to contact Kenneth F. Green at (302) 739-9403.

Sincerely,

A handwritten signature in blue ink that reads "Karen G. J'Anthony".

Karen G. J'Anthony
Environmental Program Manager I
Solid and Hazardous Waste Management Section

Delaware's good nature depends on you!



HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION

Instructions: You must complete this application in its entirety and attach all applicable documentation.

(**Note:** For applicants renewing an existing permit, this application requires the submission of updated information and documentation.)

The application must be signed by the company owner or a corporate officer. A check payable to the **State of Delaware** must accompany this application.

1. Type of Permit

- New – Submit a check or money order, payable to the “State of Delaware,” in the amount of \$350.00.
- Renewal: Permit # DE-HW- _____ Expiration Date _____

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the “State of Delaware,” for the indicated permit fee.

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public:

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted hazardous waste transporters? Yes No

3. Company Information:

Company Name: _____

Location Address:	Mailing Address:

Delaware's good nature depends on you!

Contact Person: _____ Title: _____

Business Phone: _____ Fax: _____

E-mail: _____ 24 hr. Emergency Phone: _____

EPA Identification Number: _____

Employer's Federal Tax ID Number: _____

4. Type of Company: (Check One)

- Proprietorship
- Partnership
- Corporation – City, State and Date of Incorporation: _____
- Municipality
- Public Institution
- Other – Explanation: _____

5. Parent Company Information:

Parent Company Name: _____
Parent Company Address: _____

6. Ownership/Stockholder Information:

For each owner, partner, or corporate officer, list the name, title, home address, and date of birth.

List of owners, partners, or corporate officers: Attachment _____

List the name and address of all stockholders owning greater than 5% outstanding shares.

List of stockholders: Attachment _____

Not Applicable

7. Company Affiliations:

List all other companies owned by the same owners, corporate officers, or parent company that are engaged in the business of solid or hazardous waste transportation, treatment, storage, disposal, recovery, or reclamation.

List of company affiliates: Attachment _____

No company affiliates

8. Type of Hazardous Waste to be Transported:

Indicate the waste types to be transported. (Note: Characteristic and listed hazardous wastes identified in Delaware's *Regulations Governing Hazardous Waste* (DRGHW) Part 261 are equivalent to RCRA 40 CFR Part 261 wastes.) Check all that apply.

- Part 261 characteristic or listed hazardous wastes
- Used or waste oils (as defined by Part 279, Used Oil Management Standards)
- Spent antifreeze exhibiting a characteristic of hazardous waste
- PCB-contaminated hazardous waste
- Spent fluorescent lighting tubes and ballasts when managed as non-universal waste

9. Treatment, Storage, and Disposal Facilities:

List all treatment, storage, and disposal facilities that have agreed to accept the hazardous wastes identified above.

- List of treatment, storage, and disposal facilities: Attachment _____

10. Other Transporter Permits:

List all hazardous waste transporter permits held in other states.

- List of transporter permits: Attachment _____
- No hazardous waste transporter permits held in other states

11. Federal DOT and Motor Carrier Numbers:

Indicate your Federal DOT number and Motor Carrier number:

DOT# _____ MC# _____

12. Proof of Insurance:

The transporter identified in this application must meet or exceed minimum insurance requirements as set forth in DOT Title 49 CFR Part 387. The DNREC Solid and Hazardous Waste Management Section must be identified as the certificate holder. Also include a current MCS-90 endorsement or affirmation that the endorsement is still in effect.

- Certificate of insurance and MCS-90: Attachment _____

13. Spill Control and Safety Equipment:

List all spill control and safety equipment that will be carried on each vehicle.

- List of spill control and safety equipment: Attachment _____

14. Spill Control Plan:

Attach a copy of the Spill Control Plan that describes prevention, containment, and clean up procedures during transportation. The plan must demonstrate compliance with the requirements outlined in DRGHW Sections 263.30, 263.31, and 263.105. **Spill Control Plans must contain the following Delaware Emergency Reporting Telephone Numbers: 1-800-662-8802 and 302-739-9401.**

Spill Control Plan: Attachment _____

15. Driver Training:

Attach a copy of your driver training program. All drivers must be trained in current DOT Motor Carrier Safety Regulations and have knowledge of the proper handling procedures for the type of waste transported, the hazardous waste manifest system, and safe vehicle operation as provided in 49 CFR Parts 383, 390 – 399, and DRGHW Section 263.104. All drivers must be familiar with the approved Spill Control Plan.

Driver Training Program: Attachment _____

16. Controlled Substance Testing:

Do you maintain a controlled substance testing program for drivers in your employment (including contract drivers) in compliance with Federal DOT 49 CFR Part 391?

Yes

No, Explain:

17. Vehicle Identification Information:

List all vehicles to be used for the transportation of hazardous waste into, out of, or through Delaware. You may use the form provided or another printout that contains all required information.

Vehicle Identification Information: Attachment _____

18. Environmental Record:

List all criminal citations, arrests or convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant or any partner, officer, or director of the applicant as an individual or for any other former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of application.

Environmental Record: Attachment _____

Not Applicable – No violations within the specified time period

19. Signature:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments, and that upon personal knowledge and information, the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

Signature of legal owner or corporate officer

Printed Name

Date

Title

