

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:

Enclosed please find an application for a Delaware Hazardous Waste Transporter Permit. The Solid & Hazardous Waste Management Branch (SHWMB) has made several changes to the hazardous waste transporter program, and the enclosed application has been revised to reflect our efforts.

All transporters are required to complete the enclosed application, in its entirety, and return it to the SHWMB along with a check made payable to the *State of Delaware* for \$350.00. This fee covers the \$300.00 annual permit fee and a \$50.00 public notice fee. The public notice fee is required under Title 7 Del. C. § 6004, which states:

"The applicant shall be responsible for the cost of any such advertisements and notices made by the Department as required by this section, not to exceed \$500.00."

Once the permit is issued, it may be valid for a period of up to five years. In order for the permit to remain in effect for the full term, you must pay the invoiced \$300.00 annual permit fee each year and adhere to all provisions of the permit. You must remit the permit fee by the due date indicated on the invoice for permit to remain valid. Failure to pay the fee by the due date may result in revocation or denial of the permit.

If you are renewing a permit, permit applications must be received by this office no less than ninety (90) days prior to the expiration of your current permit in order to ensure that your permit is issued prior to the expiration of your current permit.

Please send all hazardous waste transporter applications and fees to:

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

If you have any questions regarding the application, please feel free to contact me at 302.739.9403.

Sincerely,

Kenneth F. Green
Environmental Control Technician III
Solid & Hazardous Waste Management Branch

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 Renewal: Permit Number DE-HW- _____ Exp. Date _____

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: _____

Phone Number: _____ Ext. _____ Fax Number: _____

E-mail: _____

Contact Person: _____ Title: _____

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 the *Delaware 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 Hazardous Waste Management Branch 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 _____
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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 _____
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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 the 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 _____
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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