



STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-5060

## 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.

Delaware Department of Natural Resources and Environmental Control  
Compliance and Permitting Section  
89 Kings Highway  
Dover, DE 19901

### 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:

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 Compliance and Permitting 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