



Montana Department Of Environmental Quality
 Permitting & Compliance Division
 Air & Waste Management Bureau
 P.O. Box 200901
 Helena, MT 59620-0901

HAZARDOUS WASTE TRANSPORTER REGISTRATION FORM

**TRANSPORTER'S
EPA ID NUMBER** _____
(Mandatory)

**NAME OF
TRANSPORTER** _____
(Company Name)

**TRANSPORTER
MAILING
ADDRESS** _____
(Street or P.O. Box)

(City or Town) (State) (Zip)

**TRANSPORTER
CONTACT** _____
(Last Name) (First Name) (Title)

TELEPHONE _____
(Telephone Number) (Extension)

**ALTERNATE
TRANSPORTER
CONTACT** _____
(Last Name) (First Name) (Title)

TELEPHONE _____
(Telephone Number) (Extension)

**TRANSPORTATION
MODE** Describe the mode(s) of hazardous waste transportation employed:
 (A) Air (R) Rail (O) Other _____
 (W) Water (H) Highway

**TRANSPORTATION
SERVICE** Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).
 For Hire Transporter Private Transporter Only
 Include any additional information which will clarify the nature of your hazardous transportation activities:

(Signature of Company Official and Title MUST be included below)

 (Name – Please Print)

 (Signature)

 (Title)

 (Date Signed)

Company Name: _____ **EPA ID:** _____



Identify the locations of all hazardous waste transportation-related offices, terminals, depots and/or transfer facilities situated within Montana.



(Please make copies for additional sheets if necessary.)

Type of Facility: _____
Location Street: _____
Location City: _____ County: _____
Contact Person(s): _____ Phone Number: _____
Alternate Contact: _____ Phone Number: _____

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