



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

TERMINATION OF REGISTERED HAZARDOUS WASTE TRANSPORTER FORM

(Please list your company's information as you want it to appear.)

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

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

no longer desires to be registered with the Montana Department of Environmental Quality as a hazardous waste transporter. Please delete our business from the registered transporter listing. We understand that by terminating the registration we will be unable to legally transport hazardous waste

**TRANSPORTER
 MAILING
 ADDRESS** _____
(Street of 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
 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

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

_____ *(Name - Please Print)* _____ *(Signature)*

_____ *(Title)* _____ *(Date Signed)*