



Montana Department Of Environmental Quality  
 Permitting & Compliance Division  
 Waste & Underground Tank 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:  
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**(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.)*

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

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