



## INFECTIOUS WASTE TRANSPORTER REGISTRATION FORM

Section 1: Application Type			
Check one:	Initial/New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/>		
Current Registration Number: _____			
Section 2: Transporter Information			
Company Name: _____	Phone number: _____		
Applicant Name: _____	Title: _____		
Physical Business Address: _____			
City: _____	County: _____      Zip: _____		
Business Mailing Address: _____			
City: _____	Zip: _____		
Vehicle Storage Location: _____			
Emergency Phone Number: _____			
Section 3: Transporter Vehicle Information <i>(provide information for all trucks and trailers used)</i>			
<b>Vehicle #:</b> _____	<b>or</b>	<b>Trailer #:</b> _____	
Year: _____	Make: _____	Model: _____	Serial Number or VIN: _____
State of Registration: _____	License plate number: _____		
Manufacturers GVWR: _____	Capacity: _____		
<b>Vehicle #:</b> _____	<b>or</b>	<b>Trailer #:</b> _____	
Year: _____	Make: _____	Model: _____	Serial Number or VIN: _____
State of Registration: _____	License plate number: _____		
Manufacturers GVWR: _____	Capacity: _____		

Vehicle #: \_\_\_\_\_ or Trailer #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number or VIN: \_\_\_\_\_

State of Registration: \_\_\_\_\_ License plate number: \_\_\_\_\_

Manufacturers GVWR: \_\_\_\_\_ Capacity: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ or Trailer #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number or VIN: \_\_\_\_\_

State of Registration: \_\_\_\_\_ License plate number: \_\_\_\_\_

Manufacturers GVWR: \_\_\_\_\_ Capacity: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ or Trailer #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial Number or VIN: \_\_\_\_\_

State of Registration: \_\_\_\_\_ License plate number: \_\_\_\_\_

Manufacturers GVWR: \_\_\_\_\_ Capacity: \_\_\_\_\_

**Section 4: Attachments (*Please number or label the attachments*)**

Attach the proposed Transportation and Management Plan that includes the following required elements:

- Description of the type, sources, and annual volume of infectious waste handled;
- The location and identity of each person from which the applicant intends to receive waste;
- Description of how the infectious waste is segregated from other solid waste;
- Description of the infectious waste packaging and labeling procedures;
- Description of the collection, storage, and transportation procedures;
- Description of the treatment or disposal method used;
- The name, location, and contact information of the facility where infectious wastes are treated and disposed;
- The name and contact information of the person responsible for the transportation and management of the infectious waste; and,
- The Emergency Spill Response and Decontamination Plan according to New Rule VIII.

Attach the following required certifications:

- Certification that the vehicles used to transport or store infectious waste meet the requirements of New Rule V and New Rule VII;
- Certification that each vehicle, truck, and trailer is equipped with a spill containment and cleanup kit;
- Certification that each person who transports infectious waste has been trained according to New Rule V(4); and,
- Certification that infectious waste storage areas, including vehicles and trailers, comply with the requirements of New Rule VII (3-6).

Attach a copy of the general liability insurance policy in accordance with the requirement in ARM 17.50.1114

**Section 5: Signatures**

**Zoning Certification**

I hereby certify that the site of the planned solid waste system where infectious wastes are stored is in accordance with local government zoning regulations and ordinances. *(to be signed by the appropriate local government official having knowledge of local zoning ordinances and restrictions)*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Representing: \_\_\_\_\_ Date: \_\_\_\_\_

**Landowner Certification**

I hereby certify that I am the property owner or designated representative of the property owner (circle one) of the parcel of property where the proposed solid waste management system is located.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Signature**

By signing this form, I certify that I am the party responsible for the infectious waste transportation operation. I certify that the above described system will be operated according to Section 75-10-1005, Montana Code Annotated, the rules adopted pursuant thereto, and in accordance with conditions which have or may be imposed by the Department of Environmental Quality's approval of the application for registration.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_