



PERMITTING AND COMPLIANCE DIVISION WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU SOLID WASTE SECTION PO BOX 200901 HELENA, MT 59620-0901 406-444-5300

INFECTIOUS WASTE TRANSPORTER REGISTRATION RENEWAL APPLICATION

Company Name: Service Area: Facility Physical Address: Facility Mailing Address: Facility Owner: Facility Contact: Facility Contact Title: Facility Contact Address: Facility Contact Email: Facility Contact Phone: Facility Contact Fax:

Have you added or removed currently registered transportation vehicles from service? Yes No (If yes, on a separate piece of paper, provide the details of Year, Make, Model, VIN or Serial Number, State of Registration, License Plate Number, Manufactures GVWR, and Capacity)

Location of transportation records: Name, location, and contact information where infectious wastes are treated and disposed: Tonnage waste transported during previous calendar year: Attach a copy of the current general liability insurance policy

CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: (An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here:

Title: Date: