



Montana Department of Environmental Quality  
Permitting and Compliance Division  
Waste Management Bureau  
PO Box 200901  
Helena, MT 59620-0901

## HAZARDOUS WASTE TRANSPORTER REGISTRATION FORM

<b>TRANSPORTER EPA ID NUMBER</b>	_____ (REQUIRED)
<b>TRANSPORTER NAME</b>	_____ (REQUIRED)
<b>TRANSPORTER MAILING ADDRESS</b>	_____ (ADDRESS) _____ (CITY) (STATE) (ZIP)
<b>TRANSPORTER CONTACT</b>	_____ (LAST NAME) (FIRST NAME) (TITLE) _____ (EMAIL) (PHONE)
<b>ALTERNATE TRANSPORTER CONTACT</b>	_____ (LAST NAME) (FIRST NAME) (TITLE) _____ (EMAIL) (PHONE)
<b>TRANSPORTATION MODE</b>	Describe the mode(s) of hazardous waste transportation employed. <input type="checkbox"/> (A) Air <input type="checkbox"/> (H) Highway <input type="checkbox"/> (R) Rail <input type="checkbox"/> (W) Water <input type="checkbox"/> (O) Other _____
<b>TRANSPORTATION SERVICE</b>	Are hazardous waste transportation services provided on a for hire basis, or is the hazardous waste transportation activity strictly private in nature? <input type="checkbox"/> For Hire Transporter <input type="checkbox"/> Private Transporter Only Additional information to clarify the nature of your hazardous transportation activities: _____ _____
_____ (PRINTED NAME) (SIGNATURE)	
_____ (TITLE) (DATE)	

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(TRANSPORTER NAME)

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(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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(FACILITY TYPE)

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(CONTACT)

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(ADDRESS)

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(EMAIL/PHONE)

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(CITY)

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(ALTERNATE CONTACT)

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(COUNTY)

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(EMAIL/PHONE)

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(FACILITY TYPE)

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(CONTACT)

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(ADDRESS)

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(EMAIL/PHONE)

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