



TERMINATION OF REGISTERED HAZARDOUS WASTE TRANSPORTER FORM

TRANSPORTER EPA ID NUMBER	----- (REQUIRED)
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TRANSPORTER NAME	----- (REQUIRED) No longer desires to be registered with the Montana Department of Environmental Quality as a hazardous waste transporter. Please remove our business from the registered transporter listing. We understand that by terminating the registration we will be unable to legally transport hazardous waste.
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TRANSPORTER MAILING ADDRESS	----- (ADDRESS) ----- (CITY) (STATE) (ZIP)
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TRANSPORTER CONTACT	----- (LAST NAME) (FIRST NAME) (TITLE) ----- (EMAIL) (PHONE)
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ALTERNATE TRANSPORTER CONTACT	----- (LAST NAME) (FIRST NAME) (TITLE) ----- (EMAIL) (PHONE)
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TRANSPORTATION SERVICE	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
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 ----- (PRINTED NAME)	 ----- (SIGNATURE)
 ----- (TITLE)	 ----- (DATE)