

TERMINATION OF HAZARDOUS WASTE TRANSPORTER REGISTRATION FORM

By submitting this form, you are indicating that you no longer desire to be registered with the Montana Department of Environmental Quality as a hazardous waste transporter. Please remove our business from the registered transporter listing if applicable. We understand that by terminating the registration we will be unable to legally transport hazardous waste.

TRANSPORTER EPA ID NUMBER			
TRANSPORTER NAME			
TRANSPORTER MAILING ADDRESS	Address		
	City	State	Zip
TRANSPORTER CONTACT	Last Name		First Name
	Email		
	Phone		Title
TRANSPORTER ALTERNATE CONTACT	Last Name		First Name
	Email		
	Phone		Title
Printed Name		Signature	
Title		Date	

Please email or mail the completed form to:

Email: deghazwaste@mt.gov

Mail: Waste Management Bureau | Hazardous Waste Program | PO Box 200901 | Helena, MT 59620