

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT AND REMEDIATION
DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE PROGRAM
P.O. BOX 200901
HELENA, MT59620-0901
PHONE: 406-444-5300
FAX: 406-444-1374**

**LICENSE APPLICATION
HOUSEHOLD HAZARDOUS WASTE
ELECTRONIC WASTE
COLLECTION EVENT**

Application must be reviewed at least 10 days prior to the proposed event date.
Section 1 – General Information

Applicant Name: <i>(If licensed Class II facility, provide facility name and contact information)</i>	Applicant Address:	Phone:
Applicant Title:		Fax:

HHW or E-Waste Consultant:

Name: Title:

Address: Phone:

HHW or E-Waste Disposal/Recycling Facility:

Facility Name:

Facility Contact Title:

Facility Address:

EPA ID Number: **Phone:**

Facility Contact Title:

EPA ID Number: **Phone:**

Facility Name:

Facility Contact Title:

Facility Address:

EPA ID Number: **Phone:**

Transporter Information:

Name: Contact:

Address:

EPA ID 1

Section 2 – Site Location Information

<i>Proposed Site Location Address:</i>	<i>Legal Description of Proposed Site Location:</i>	<i>Is property owned by applicant?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If not, provide name/address of lessor who holds title to the property</i>
<i>Total Acreage Proposed for the Event:</i>	<i>Population to be served:</i>	<i>Name:</i> <input type="text"/>
<i>Proposed Accumulation Dates and Method of Storage:</i>		<i>Address:</i> <input type="text"/>

Section 3 – Event Information/Attachments

Provide a description of proposed treatment, final disposal, or recycling procedures to be used:

The following attachments are required:

- o Site Plan*** - Plan view delineating the location of the waste screening, collection, processing, and storage areas for the collected materials, site ingress and egress, emergency evacuation routes.
- o Operational Plan*** that includes waste acceptance criteria, waste rejection criteria, provisions for the separation of wastes, spill control/containment methods, emergency contact information, event contingency and emergency evacuation procedures.
- o Event Collection Plan*** that provides a summary of the expected sources, types, and quantities of materials to be collected.

Section 4 - Certification

This is to certify that I have personally examined and am familiar with the information in this application and all attached documents. To the best of my knowledge, information, and belief, the submitted information is accurate and complete.

Applicant Signature

Date