



INFECTIOUS WASTE TRANSPORTER REGISTRATION FORM

Section 1: Application Type

Check one: Initial/New Renewal Amendment

Current Registration Number: _____

Section 2: Transporter Information

Company Name: _____ Phone number: _____

Applicant Name: _____ Title: _____

Physical Business Address: _____

City: _____ County: _____ Zip: _____

Business Mailing Address: _____

City: _____ Zip: _____

Vehicle Storage Location: _____

Emergency Phone Number: _____

Section 3: Transporter Vehicle Information *(provide information for all trucks and trailers used)*

Vehicle #: ____ or Trailer #: ____

Year: _____ Make: _____ Model: _____ Serial Number or VIN: _____

State of Registration: _____ License plate number: _____

Manufacturers GVWR: _____ Capacity: _____

Vehicle #: ____ or Trailer #: ____

Year: _____ Make: _____ Model: _____ Serial Number or VIN: _____

State of Registration: _____ License plate number: _____

Manufacturers GVWR: _____ Capacity: _____

Vehicle #: _____ or Trailer #: _____

Year: _____ Make: _____ Model: _____ Serial Number or VIN: _____

State of Registration: _____ License plate number: _____

Manufacturers GVWR: _____ Capacity: _____

Vehicle #: _____ or Trailer #: _____

Year: _____ Make: _____ Model: _____ Serial Number or VIN: _____

State of Registration: _____ License plate number: _____

Manufacturers GVWR: _____ Capacity: _____

Vehicle #: _____ or Trailer #: _____

Year: _____ Make: _____ Model: _____ Serial Number or VIN: _____

State of Registration: _____ License plate number: _____

Manufacturers GVWR: _____ Capacity: _____

Section 4: Attachments (Please number or label the attachments)

Attach the proposed Transportation and Management Plan that includes the following required elements:

- Description of the type, sources, and annual volume of infectious waste handled;
- The location and identity of each person from which the applicant intends to receive waste;
- Description of how the infectious waste is segregated from other solid waste;
- Description of the infectious waste packaging and labeling procedures;
- Description of the collection, storage, and transportation procedures;
- Description of the treatment or disposal method used;
- The name, location, and contact information of the facility where infectious wastes are treated and disposed;
- The name and contact information of the person responsible for the transportation and management of the infectious waste; and,
- The Emergency Spill Response and Decontamination Plan according to ARM 17.50.1508(New Rule VIII).

Attach the following required certifications:

- Certification that the vehicles used to transport or store infectious waste meet the requirements of ARM 17.50.1505 and 17.50.1507(New Rule V and New Rule VII);
- Certification that each vehicle, truck, and trailer is equipped with a spill containment and cleanup kit;
- Certification that each person who transports infectious waste has been trained according to ARM 17.50.1505(4) (New Rule V(4)); and,
- Certification that infectious waste storage areas, including vehicles and trailers, comply with the requirements of ARM 17.50.1507(3-6) (New Rule VII(3-6)).

Attach a copy of the general liability insurance policy in accordance with the requirement in ARM 17.50.1114

Section 5: Signatures

Zoning Certification

I hereby certify that the site of the planned solid waste system where infectious wastes are stored is in accordance with local government zoning regulations and ordinances. *(to be signed by the appropriate local government official having knowledge of local zoning ordinances and restrictions)*

Printed Name: _____

Signature: _____ Title: _____

Representing: _____ Date: _____

Landowner Certification

I hereby certify that I am the property owner or designated representative of the property owner (circle one) of the parcel of property where the proposed solid waste management system is located.

Printed Name: _____

Signature: _____

Date: _____

Applicant Signature and Certification

By signing this form, I certify that I am the party responsible for the infectious waste transportation operation. I certify that the above described system will be operated according to Section 75-10-1005, Montana Code Annotated, the rules adopted pursuant thereto, and in accordance with conditions which have or may be imposed by the Department of Environmental Quality's approval of the application for registration.

Applicant Printed Name: _____

Applicant Signature: _____

Title: _____ Date: _____