



## Notification Form for Transporters of Solid Waste

**Louisiana Department of Environmental Quality (LDEQ)  
Office of Environmental Services (OES)  
Public Participation and Permit Support Division (PPPSD)  
Notifications and Accreditations Section (NAS)**

Phone (225) 219-3244 or (225) 219-3300

For Office Use Only

|            |  |
|------------|--|
| Site ID #  |  |
| AI #       |  |
| Date Rec'd |  |
| Rev'd by   |  |
| Check No.  |  |
| Amount     |  |
| Check Date |  |

Submit this form to one of the following:

U.S. Mail Address

NAS-PPPSD-OES  
LDEQ  
Post Office Box 4313  
Baton Rouge, LA 70821-4313

Service Carrier or Hand-Delivery Address

NAS-PPPSD-OES  
LDEQ  
602 N. 5<sup>th</sup> St.  
Baton Rouge, LA 70802

**This notification form is to be submitted to the LDEQ by any person who moves solid waste off-site to a non-processing transfer station or a collection, processing, or disposal facility as defined in LAC 33:VII.115.A (excluding individuals who transport their own residential waste to a collection facility, non-processing transfer station, or permitted processing facility and/or solid waste landfill).**

**THIS NOTIFICATION IS** *Check one*

- The first for this transporter
- A subsequent notification *List Agency Interest (AI) No.* \_\_\_\_\_

*NOTE: See Detailed Instructions (p.3)*

1. Company Name \_\_\_\_\_ Facility Name (if any) \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
     City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Description of Facility Location/Physical Address \_\_\_\_\_  
     City \_\_\_\_\_ Parish/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Geographic Location   Latitude   Degrees \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds \_\_\_\_\_  
                                   Longitude   Degrees \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds \_\_\_\_\_
5. Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_
6. Contact Phone   (    ) \_\_\_\_\_ Contact Fax   (    ) \_\_\_\_\_
7. Contact Email \_\_\_\_\_
8. Property Owner's Name \_\_\_\_\_

9. Property Owner's Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Waste to be Transported *Check each applicable box*

- Special Wastes:
- Industrial Waste
  - Residential & Commercial Waste
  - Woodwaste
  - Construction/Demolition Debris
  - Asbestos
  - Medical Waste
  - Grease Waste
  - Other, *Describe* \_\_\_\_\_

11. Vehicle Information *For more than 4 vehicles, attach additional page(s) with the required information for each vehicle.*

| Vehicle | Make | Model | Year | License Plate No. | Registered Owner |
|---------|------|-------|------|-------------------|------------------|
| 1       |      |       |      |                   |                  |
| 2       |      |       |      |                   |                  |
| 3       |      |       |      |                   |                  |
| 4       |      |       |      |                   |                  |

12. **Certification: I have personally examined and am familiar with the information submitted in this form and all attached documents, and I hereby certify, under penalty of law, that the submitted information is true, accurate and complete to the best of my knowledge. I am aware that by submitting this information and receiving any authorization numbers, I am subject to the requirements of LAC 33:VII.Subpart 1, which governs my activities. I am also aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.**

Signature \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Typed or Printed Title \_\_\_\_\_

Date \_\_\_\_\_

## DETAILED INSTRUCTIONS FOR NOTIFICATION FORM FOR TRANSPORTERS OF SOLID WASTE

1. **Company Name/Facility Name:** Enter the name of the transporter company; if there is a facility name enter it also.
2. **Mailing Address:** Enter the mailing address for the transporter company/facility. This office will mail all company/facility-related correspondence to this address.
3. **Physical Location/Description:** Enter the street address (*not Post Office Box*); highway number; or other specific identifiers; and the city, parish, state, and zip code to which the information on this form applies.
4. **Geographic Location:** Enter the latitude and longitude coordinates *to the second* for the location of the front gate of the transporter company/facility.
5. **Contact Name/Title:** Enter the name and title of the person to contact regarding information supplied on this form and other related matters.
6. **Contact Phone/Fax:** Enter the phone number and fax number of the contact person.
7. **Contact Email:** Enter the email of the contact person.
8. **Property Owner's Name:** Enter the name(s) of the legal owner(s) of the property in which the site is located. Use an additional sheet to list multiple owners, if necessary.
9. **Property Owner's Mailing Address:** Enter the mailing address(es) of the owner(s) of the property. Use an additional sheet to list multiple owners' mailing addresses, if necessary.
10. **Waste to be Transported:** Indicate type of waste to be transported by marking all applicable boxes.
11. **Vehicle Information:** Enter the make, model, year, license plate number, and registered owner of the vehicles that will be used to transport solid waste. For more than 4 vehicles, attach additional page(s) with the required information for each vehicle.
12. **Certification:** Provide the signature, typed or printed name, and typed or printed title of the individual authorized to sign the application, along with the date of signature.

**NOTE:** Effective June 1, 2022, there is no application fee for this activity. After the initial SW Transporter ID number is issued, you will be assessed \$250 annually by the LDEQ's Financial Services Division (FSD). For questions, contact FSD @ [DEQ-invoices@la.gov](mailto:DEQ-invoices@la.gov).