Solid Waste Transporter Closure Notification

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

For Office Use Only	
Site ID #	
AI #	
Date Rec'd	
Rev'd by	

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

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. 5th St.
Baton Rouge, LA 70802

This form is used to notify the LDEQ that a person is no longer a transporter of solid waste as described in LAC 33:VII.115.A. Following submittal of this form to the LDEQ, the Solid Waste Transporter ID # will be closed; no future Solid Waste Transporter fees will be invoiced.

COMPANY/FACILITY REQUESTING SOLID WASTE (SW) TRANSPORTER CLOSURE

Company Name _____ Facility Name _____

Physical Address _____ Agency Interest (AI) No. _____

City _____ State _____ Zip _____ Parish _____ SW Transporter ID No. _____

REASON(S) FOR SOLID WASTE (SW) TRANSPORTER CLOSURE *Check all that apply*

☐ Company/Facility is Out of Business
Provide Closure Date _____

☐ Company/Facility No Longer Transports Solid Waste
Provide Date SW Transport Discontinued _____

☐ Other Type of Change
Provide Date of Change _____
Description of Change _____
_____

☐ Company/Facility has Moved to a New Location
Provide Date of Move _____
New Physical Address _____
City _____ State _____ Zip _____ Parish _____

NOTE: Per LAC 33:VII.401.B, Solid Waste Transporters are required to notify the Office of Environmental Services if changes are warranted.

Certification: I have personally examined and am familiar with the information submitted in this form, including any 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 there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

Signature _____ Date _____

Printed Name _____ Email Address _____

Printed Title _____ Phone No. (_____) _____

Please contact Missy Day at (225) 219-3244 or Melissa.day2@la.gov if you have any questions or need additional information.

ATTENTION: ANY INFORMATION SUBMITTED TO LDEQ MAY BECOME PUBLIC RECORD IN ACCORDANCE WITH ACT 256 RLS 2019