



# 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. 5<sup>th</sup> 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. By submitting this form to the LDEQ, the Solid Waste Transporter ID # will be closed; you will no longer receive an invoice for Solid Waste Transporter fees.**

## 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.A & B, Solid Waste Transporters are required to renotify the Office of Environmental Services if changes are warranted. Notifications shall be made using the Notification Form for Transporters of Solid Waste located at: <https://www.deq.louisiana.gov/page/solid-waste-operatorsnotifications>.

**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](mailto:Melissa.day2@la.gov) if you have any questions or need additional information.