|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  | **Notification Form for Transporters** **of Solid Waste**  | For Office Use Only |
| Site ID # |  |
| DEQ Logo 2005 | **Louisiana Department of Environmental Quality (LDEQ)** | AI # |  |
| **Office of Environmental Services (OES)****Public Participation and Permit Support Division** | Date Rec’d |  |
| **Public Participation and Permit Support Division (PPPSD)** | Rev’d by |  |
| **Notifications and Accreditations Section (NAS)** | Check No. |  |
|  | Amount |  |
| Phone (225) 219-3244 or (225) 219-3300 | Check Date |  |
|  |  |  |
| Submit this form to one of the following: |  |
| *U.S. Mail Address*NAS-PPPSD-OESLDEQPost Office Box 4313Baton Rouge, LA 70821-4313 | *Service Carrier or Hand-Delivery Address*NAS-PPPSD-OESLDEQ602 N. 5th 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)* |
|  | Company Name |  |  Facility Name (if any) |  |  |
|  | Mailing Address |  |  |
|  | City |  | State |  | Zip |  |  |
|  | Physical Location/Description *Use Street Address* |  |  |
|  | City |  | Parish |  | State |  | Zip |  |  |
|  | Geographic Location | Latitude | Degrees |  | Minutes |  | Seconds |  |  |
|  |  | Longitude | Degrees |  | Minutes |  | Seconds |  |  |
|  | Contact Name |  | Contact Title |  |  |
|  |  |  |  |  |  |
|  | Contact Phone | ( ) |  | Contact Fax | ( ) |  |  |
|  | Contact Email |  |  |  |
|  | Property Owner’s Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  | Property Owner’s Mailing Address |  |  |
|  | City |  | State |  | Zip |  |  |
|  | Waste to be Transported  *Check each applicable box* |  |  |  |  |
|  |  | Special Wastes: |  |  |
|  | [ ]  Industrial Waste | [ ]  Asbestos |  |  |
|  | [ ]  Residential & Commercial Waste | [ ]  Medical Waste |  |  |
|  | [ ]  Woodwaste | [ ]  Grease Waste |  |  |
|  | [ ]  Construction/Demolition Debris | [ ]  Other, *Describe* |  |  |
|  | 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 |  |  |  |  |  |
|  |  |
|  | **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** |
|  |  |  |
|  | **Company Name/Facility Name:** Enter the name of the transporter company; if there is a facility name enter it also.  |  |
|  |  |  |
|  | **Mailing Address:** Enter the mailing address for the transporter company/facility. This office will mail all company/facility-related correspondence to this address. |  |
|  |  |  |
|  | **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. |  |
|  |  |  |
|  | **Geographic Location:** Enter the latitude and longitude coordinates *to the second* for the location of the front gate of the transporter company/facility. |  |
|  |  |  |
|  | **Contact Name/Title:** Enter the name and title of the person to contact regarding information supplied on this form and other related matters. |  |
|  |  |  |
|  |  |  |
|  | **Contact Phone/Fax:**  Enter the phone number and fax number of the contact person.  |  |
|  |  |  |
|  | **Contact Email:**  Enter the email of the contact person. |  |
|  |  |  |
|  | **Property Owner’s Name:** Enter thename(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. |  |
|  |  |  |
|  | **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. |  |
|  |  |  |
|  | **Waste to be Transported:** Indicate type of waste to be transported by marking all applicable boxes. |  |
|  |  |  |
|  | **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. |  |
|  |  |  |
|  | **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****.** |