

APPLICATION FOR A WASTE OIL TRANSPORTER LICENSE

Your application package contains 3 application forms. Please use a typewriter or print clearly using a ballpoint pen. Forward the original to the Maine Department of Environmental Protection, one copy to the Municipal office or the city or town where the business is located (if more than one location, make copies of the application and forward to each municipal office) and retain one copy for your records. Applications improperly prepared may be returned to the applicant for correction. If you are using the electronic form photocopies of the original application must be provided to the above listed parties.

NOTE: Persons who transport greater than 1,000 gallons of waste oil per calendar month for the purpose of resale is waste oil dealers and are required to obtain a waste oil transporter license.

SECTION 1. Application Information

1(a) _____ 1(b) _____
Name IRS Tax Identification # Mailing Address (Street and Number)

City/Town County State Zip Code Telephone Number

1(c) Location of Business (if different from above address) _____
Street and Number City/Town

County State Zip Code Telephone Number

1(d) If the business is being operated from several locations, please attach a sheet of plain bond paper, size 8 1/2" x 11", on which is listed the entire address of each business location including Street & Number, City/Town, County, State, Zip Code and Telephone Numbers.

1(e) If the applicant has received an identification number from the United State Environmental Protection Agency (EPA), please list that number. If no EPA identification number has been received, applicant should contact DEP for assistance in obtaining an EPA ID number.

EPA Identification Number

1(f) Key Contact Person in Event of Emergency _____
Name Emergency Phone Number
Address _____

SECTION 3. Conveyance Information

“Conveyance” means any vehicle used for transportation of waste oil on land, water or in the air. For the requirements of the license, the term includes only the cargo carrying portion of a conveyance. (FOR EXAMPLE: IN THE CASE OF A TRACTOR/TRAILER COMBINATION, ONLY THE TRAILER IS REQUIRED TO BE LICENSED.)

	<u>3(a) Year</u>	<u>3(b) Make</u>	<u>3(c) Type (e.g. trailer)</u>	<u>3(d) Serial Number</u>	<u>3(e) Registration No.</u>	<u>3(f) Capacity (volume)</u>
Conv. 2	_____	_____	_____	_____	_____	_____
Conv. 3	_____	_____	_____	_____	_____	_____
Conv. 4	_____	_____	_____	_____	_____	_____
Conv. 5	_____	_____	_____	_____	_____	_____
Conv. 6	_____	_____	_____	_____	_____	_____
Conv. 7	_____	_____	_____	_____	_____	_____

	<u>3(g) Address Where the Conveyance is Stored</u>	<u>3(h) Address Where Conveyance is Used for Temporary Storage</u>	<u>3(i) Is this Conveyance a motorized vehicle or strictly a carrying Conveyance? (e.g. VAC Truck or Trailer)</u>
Conv. 1	_____	_____	_____
Conv. 2	_____	_____	_____
Conv. 3	_____	_____	_____
Conv. 4	_____	_____	_____
Conv. 5	_____	_____	_____
Conv. 6	_____	_____	_____
Conv. 7	_____	_____	_____

SECTION 4. Evidence of Liability Insurance Coverage (Applicants must submit a copy of their current insurance certificate covering their waste oil transportation operations). In no event shall the limit of liability be less than \$500,000.

NOTE: Update certificates must be submitted whenever a renewal application is filed, when the insurance coverage is renewed, or an amended insurance certificates is issued.

SECTION 5. Applicant's National Compliance History with Environmental Laws for the past 10 years:

A.
Environmental Permits Held in New England for the past 10 years. Permit Number Expiration Date State of Issuance Enforcement Action
(if yes, please attach a copy of the action).

<u>Permit Number</u>	<u>Expiration Date</u>	<u>State of Issuance</u>	<u>Enforcement Action</u> (if yes, please attach a copy of the action).
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B.
Environmental Permits Revoked or Suspended Reason for Revocation or Suspension
(if not already covered above).

<u>Reason for Revocation or Suspension</u>

C.
Environmental Enforcement Action for the past 10 years Enforcement Action Taken
(if not already covered above).

<u>Enforcement Action Taken</u>

SECTION 6. Operational History

A. Safety History

Please describe in writing all incidents of waste oil and hazardous material releases to the environment or accidents involving waste oil or hazardous material that your business, operators, or conveyances have been involved in within the last five years. Please include dates and locations (attach additional sheets as necessary).

B. Training Program

Please describe below the training program in operation at your business for the safe transportation of waste oil. Include the specific training that the operators listed in Section 3 have received regarding the safe transportation of waste oil (attach additional sheets as necessary).

C. Spill Prevention, Control and Countermeasure Plan (SPCC)

Does your company have an SPCC Plan? _____ YES _____ NO If yes, please attach a copy to this application.

SECTION 7. Attach application license fee (make check or money order payable to: Hazardous Waste Fund – Transporter Account

Fee Schedule is as follows:

\$100.00 for a basic license which covers one conveyance, one operator, and one business location.

Each additional license not covered by the basic license costs:

Conveyance license	\$50.00
Operator license	\$50.00
Location license	\$50.00

7(a) Amount Submitted \$ _____ 7(b) Check or Money Order Number _____

SECTION 8. Certification

I, the undersigned, hereby certify that all information contained in this license application is true. I also certify that I and all conveyance operators in my employment are familiar with the will comply with and complete all standard and special conditions attached to this license including those contained in Chapter 860, Section #9 of the DEP Rules.

(NOTE: There are substantial penalties for falsification or misrepresentation of information submitted to the Department of Environmental Protection as part of any license application. Applicants are reminded to submit all changes to license application data as they occur in order for their license to remain valid.)

Signature Date

Typed Name of Applicant

Address (Street and Number)

City or Town State Zip Code

Telephone Number