



INDUSTRIAL DISCHARGE CONTROL PROGRAM WASTE HAULER PERMIT APPLICATION

SECTION A - COMPANY INFORMATION

Company Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Owner or Authorized Agent: _____ Phone Number: _____
 Garage Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail address: _____

SECTION B - NON-DOMESTIC CUSTOMERS

Attach a list of non-domestic customers and include the following information:

- | | | |
|--|--------------------|------------------|
| 1) Company Name(s) of Non-domestic Customers | 2) Company Address | 3) Waste Type |
| 4) Disposal Frequency | 5) Volume | 6) Disposal Site |

NOTE: Wastes from wastewater treatment plants or non-domestic sources shall not be discharged at WSSC disposal sites unless specifically authorized in writing by the Commission.

SECTION C – VEHICLE/TRAILER INFORMATION

Complete the following section for all vehicles and trailers. If one of your vehicles is a tractor with a trailer, please include the information regarding both the trailer and tractor.

Please provide copies of all health department licenses and vehicle registrations for all vehicles and trailers. In addition, please provide photographs of the right-side, the left-side, and the rear of each vehicle or trailer. All rear photos must have an identifiable license plate number.

Vehicle / Trailer 1	Check if this a trailer	Check if this is a zero discharge vehicle	
Year/Make	Model	Tank Volume (Gallons)	State of Registration Tag No.
Vehicle Identification Number	Registration Expiration Date	Health Department Permit (MO, PG)	
Service Type*	Service Area**	WSSC Permit No. (WSSC Use Only)	
IF this vehicle is a trailer, please include the following information regarding the tractor pulling this trailer.			
Tractor: Year/Make	Tractor: Model	Tractor: State of Registration	Tractor Tag No.
Tractor: Vehicle Identification Number		Tractor: Registration Expiration Date	
<input type="checkbox"/> Check this box if the you are transferring an existing permit to this vehicle.			
If this vehicle is a transfer, what is the permit number of the existing vehicle. # _____			

Section C – VEHICLE INFORMATION (continued)

Vehicle / Trailer 2		Check if this a trailer		Check if this is a zero discharge vehicle	
Year/Make	Model	Tank Volume (Gallons)	State of Registration	Tag No.	
Vehicle Identification Number		Registration Expiration Date		Health Department Permit (MO, PG)	
Service Type*		Service Area**		WSSC Permit No. (WSSC Use Only)	
IF this vehicle is a trailer, please include the following information regarding the tractor pulling this trailer.					
Tractor: Year/Make	Tractor: Model	Tractor: State of Registration		Tractor Tag No.	
Tractor: Vehicle Identification Number		Tractor: Registration Expiration Date			
<input type="checkbox"/> Check this box if the you are transferring an existing permit to this vehicle.					
If this vehicle is a transfer, what is the permit number of the existing vehicle. # _____					

Vehicle / Trailer 3		Check if this a trailer		Check if this is a zero discharge vehicle	
Year/Make	Model	Tank Volume (Gallons)	State of Registration	Tag No.	
Vehicle Identification Number		Registration Expiration Date		Health Department Permit (MO, PG)	
Service Type*		Service Area**		WSSC Permit No. (WSSC Use Only)	
IF this vehicle is a trailer, please include the following information regarding the tractor pulling this trailer.					
Tractor: Year/Make	Tractor: Model	Tractor: State of Registration		Tractor Tag No.	
Tractor: Vehicle Identification Number		Tractor: Registration Expiration Date			
<input type="checkbox"/> Check this box if the you are transferring an existing permit to this vehicle.					
If this vehicle is a transfer, what is the permit number of the existing vehicle. # _____					

(Copy this page for additional vehicles if needed)

***Service Type:** Types of wastes transported and discharged to the WSSC:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bus (BU) | <input type="checkbox"/> Cleaning (CL) | <input type="checkbox"/> Food Wagon (FW) |
| <input type="checkbox"/> Grease Traps (GT) | <input type="checkbox"/> Holding Tanks-Domestic Waste (HT) | <input type="checkbox"/> Industrial Waste (IW) |
| <input type="checkbox"/> Landfill Leachate (LL) | <input type="checkbox"/> Leachate (LCH) | <input type="checkbox"/> Portable Toilets (PT) |
| <input type="checkbox"/> Septic Tanks (SE) | <input type="checkbox"/> Sludge (SL) | <input type="checkbox"/> Other (Specify) _____ |

****Service Area:** Areas in which your company will operate:

- | | |
|---|--|
| <input type="checkbox"/> Montgomery County, Maryland (MC) | <input type="checkbox"/> Prince George’s County, Maryland (PG) |
| <input type="checkbox"/> District of Columbia (DC) | <input type="checkbox"/> Fairfax County, Virginia (FA) |
| <input type="checkbox"/> Loudoun County, Virginia (LC) | <input type="checkbox"/> Arlington County, Virginia (AC) |
| <input type="checkbox"/> Other (Specify): _____ | |

SECTION D - OTHER DISPOSAL SITES

List the names of other Publicly Owned Treatment Works (POTWs) or facilities where hauled waste is disposed. Please provide copies of applicable permit or authorization letters from other POTWs or facilities.

Name of POTW or Facility:	Name of POTW or Facility:
Name of POTW or Facility:	Name of POTW or Facility:

SECTION E – OTHER INFORMATION NEEDED (please check the appropriate box and provide copies with the application)

- Sewage Sludge Utilization License (Montgomery County for all applicable vehicles or trailers)
- County Health Department Permit (Prince George’s County for all applicable vehicles or trailers)
- Motor Vehicle Registrations (for all vehicles and trailers)
- Material Safety Data Sheet for any sanitizer or additives used
- Mobile Food Service License (For mobile food service vehicles only)
- Copies of other application permits or authorization letters from other POTWs or facilities (Section D)
- Applicable photographs of permitted vehicles or trailers.

SECTION F - CERTIFICATION

I certify under penalty of perjury and law that the contents of this document are fully and accurately described to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

In addition to retaining the original of all permits and permit conditions in the owner’s office file, I will provide copies to each representative of the company involved in the actual discharge of waste to a Washington Suburban Sanitary Commission (WSSC) designated manhole.

I accept full legal responsibility for all damages, direct or indirect, arising out of the activities authorized by the WSSC Waste Hauler Permit, and indemnify and save harmless the WSSC from suits, actions, damages, and costs of every name and description resulting from discharges of waste.

I will conduct all waste hauler activities in accordance with the requirements and conditions pertinent to the WSSC Waste Hauler Permit, and realize that failure to do so will result in fines and may result in my discharge privileges being revoked or suspended.

Owner or Authorized Agent: _____
 Printed Name Signature

 Title Date

Date Received by WSSC: _____
 Date Initial of Receiving WSSC Personnel