

WASTE HAULER PERMIT APPLICATION

Company Name:	
Company Address:	
Contact Person:	
Telephone Number(s):	
Cell Number:	
Fax Number:	
EMAIL ADDRESS:	
DNREC WH-State Permit Number:	
Delaware Business License Number(s):	

Enter Potential Sources (Check all that apply)	Estimated Gallons/Month
1. Local (in-State) Sanitary Waste	
2. Out-of-State Waste	
3. Other than Sanitary Waste	

Estimated Monthly Discharge (Gallons)	
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**If item two (2) is checked, attach certification that the waste hauler holds a valid permit for the appropriate jurisdiction.
 If item three (3) is checked, attach name, address, and telephone number of each source facility and include analysis results of waste if available.**

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NCC Permit Number	TRANSPONDER #	Vehicle License Number	Vehicle Registration Number	Vehicle Description (Make/Model)	Capacity (Gallons)

Attached is check Number _____ in the amount of \$ _____ (\$111.00 per vehicle) payable to New Castle County.

CERTIFICATION:

I certify that the information above and on page one (1) of this application is true and correct to the best of my knowledge. I understand that the Manager of Public Works or his authorized representative will evaluate information furnished and may require additional information. After evaluation and acceptance of the information furnished, a Waste Hauler Permit may be issued subject to the terms and conditions of Article I, Section 38.02.008 of the New Castle County Code.

Signature: _____
Print Name: _____
Title: _____
Date: _____