



City of Annapolis

Department of Neighborhood & Environmental Programs
Pretreatment Program
160 Duke of Gloucester St.
Annapolis, Maryland 21401-2517

Waste Hauler Application Form

Directions: Complete application in its entirety. Submit this application with a **TWENTY DOLLAR CHECK** to the: City of Annapolis, Department of Neighborhood & Environmental Programs, Pretreatment Program, 160 Duke of Gloucester Street, Annapolis, Maryland 21401-2517.

Please print or type

A. Waste Hauler - General Information

1. Company Name:

2. Mailing Address:

3. Facility Address:

4. Facility Representative:

Name

Phone Number

B. Wastes Hauled

1. Disposal Location(s)

2. Sources of Wastes Hauled - Check all that are applicable by indicating the approximate percentage of each that are handled.

Residential _____% Restaurants _____% Industrial _____%
Gas Stations/Garages _____% Other, Specify _____%

3. Typical volumes of **septage** waste hauled: _____ gallons/year

Typical volumes of oil & grease hauled: _____ gallons/year

4. Do you provide maintenance on Grease Recovery Units? _____ yes _____ no

What type of maintenance do you provide?

_____ repair equipment _____ clean/ pump unit

Are you recognized as a service technician for repairing GRU's by the GRU
Manufacturer:

Manufacturer and contact name/ phone number.

Explain Procedure for cleaning/ pumping GRU. Include equipment used.

C. Permit Information

1. Has the owner, manager(s), driver(s) completed the Annual Waste Hauler Seminar through the City of Annapolis?

_____ Yes _____ No

2. Is Attachment A completed and attached.

Attachment A is a description of equipment.

_____ Yes _____ No

3. Is Attachment B completed and attached.

Attachment B is a list of Clients that have contracts with you for service.

_____ Yes _____ No

4. Do you have a current/valid Anne Arundel County Scavengers License?

_____ Yes _____ No

If yes a copy of this license must be attached to the application. The license must indicate Permit No. and Expiration Date for each vehicle you intend to license in the City of Annapolis.

If you answered "NO" to any of the above, the Waste Hauler Permit with the City of Annapolis will not be processed until all requirements have been met.

D. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachments and that, based on my inquiry of those individuals responsible for obtaining the information herein, I believe that the submitted information is true, accurate, and complete.

Signature of Owner or Owner's Authorized Representative

Date

Print Name

Telephone No.

ATTACHMENT A - EQUIPMENT

1. Description of Vehicle _____

Make _____

Model/Year _____

Type of Equipment _____

Hose Connection Type _____

Hose Connection Size _____

Vehicle Capacity (gallons) _____

Vehicle Identification Number _____

Vehicle License (list state and tag number) _____

Vehicle Permit Number _____
(Issued by Anne Arundel Co. Dept. of Inspections & Permits)

2. Description of Vehicle _____

Make _____

Model/Year _____

Type of Equipment _____

Hose Connection Type _____

Hose Connection Size _____

Vehicle Capacity (gallons) _____

Vehicle Identification Number _____

Vehicle License (list state and tag number) _____

Vehicle Permit Number _____
(Issued by Anne Arundel Co. Dept. of Inspections & Permits)

ATTACHMENT B- CLIENTS
Within The City of Annapolis Limits

1. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____

Peak Volumes Generated and Time of Year: _____

2. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____

Peak Volumes Generated and Time of Year: _____

3. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____

Peak Volumes Generated and Time of Year: _____

4. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____

Peak Volumes Generated and Time of Year: _____

5. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____
Peak Volumes Generated and Time of Year: _____

6. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____
Peak Volumes Generated and Time of Year: _____

7. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____
Peak Volumes Generated and Time of Year: _____

8. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____
Peak Volumes Generated and Time of Year: _____

9. Client's Company Name: _____

Facility Address: _____

Types of Wastes Hauled: _____

Frequency of Waste Hauling (e.g., twice per year): _____
Peak Volumes Generated and Time of Year: _____