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# Waste Transportation Safety Program

Paper Addendum

Act 90 Authorization

Add or Delete Vehicles

or

Replace Cab Cards and Stickers

### Addendum Facts

- Cab Card and Stickers added using the Addendum form will expire on the same day as your current vehicles. If the addendum to add vehicles is within 120 days of expiration, the forms may be returned with a request to submit a renewal.
- Download Paper Addendum form at <u>Municipal and Residual</u> <u>Waste Transportation Authorization Application Forms</u>
- Once approved, stickers take 10-14 days to print and ship.
- For faster service complete an Addendum online in DEP's Greenport at <u>www.depgreenport.state.pa.us</u>



### Addendum Form

Do Not Fill Out

Addend	Dennsylvania EMMERMENT OF ENVIRONMENTAL PROTECTION	DEPARTME BUR	MONWEALTH OF PENNSYLVAN ENT OF ENVIRONMENTAL PROT REAU OF WASTE MANAGEMENT	ECTION	Samı Applica	
	MUNIC		RESIDUAL WASTE TR ADDENDUM FORM	ANSPORTE	<sup>≣R</sup> Onl	V
WH Nu	mber (Required):			***************************************		1
Name o	of Hauler (Required) (Prior Na	me if this is	a Name Change):			
		APPLICA	NT INFORMATION CH	HANGE		
	partment must be notified of ss Address must be a Street		s to Name, Business Addres	s, Mailing Add	ress and Phone Nun	nber. The
Applica	nt Name					
Busines	ss Street Address					
City			State	Zip + 4	Country	·
	nt Contact Name					
Applica	nt Contact Name	Title	Last		First	MI
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The addendum form is used to add or delete vehicles or replace stickers or cab cards

For faster service complete an Addendum online in DEP's Greenport at

www.depgreenport.state.pa.us



### WH#, Hauler Name & Applicant Information Change

Do Not Fill Out

Addend	Dennsylvania EMATMENT OF ENVIRONMENTAL PROTECTION	DEPARTME BUR	MONWEALTH OF PENNSYLVANI ENT OF ENVIRONMENTAL PROT REAU OF WASTE MANAGEMENT	ECTION	Samı Applica	
	MUNIC		RESIDUAL WASTE TRA ADDENDUM FORM	ANSPORTE	er Onl	
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		APPLICA	NT INFORMATION CH	IANGE	18 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	
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WH# and Name of Hauler - If there is a name change use the old name

# **Complete ONLY for Applicant Information CHANGE**

**NEW Applicant Name** 

**Business Street Address** 

 Physical location of the business

**Applicant Contact Name** 

Contact name for questions

Mailing Address (if different)

 Where the stickers and cab cards will be mailed to



# Sticker or Cab Card Replacement

	n-BWM0015c Rev. 11/2011 um Dennsylvania векатнант от билизината, поттство MUNIC	DEPARTME BUF	MONWEALTH OF PENNSYLVANI ENT OF ENVIRONMENTAL PROT REAU OF WASTE MANAGEMENT RESIDUAL WASTE TR. ADDENDUM FORM	ECTION	Sam <sub>l</sub> Applica Onl	ation
VACUA NA	mber (Required):		ADDENDOWN ORW		Oni	у
	of Hauler (Required) (Prior Na	me if this is	a Name Change):	41114.111		
	<b>,</b> , <b>,</b>					
		APPLICA	NT INFORMATION CH	IANGE	Control of March 200	
	partment must be notified of ss Address must be a Street		s to Name, Business Address	s, Mailing Add	ress and Phone Nun	nber. The
Applica	nt Name					
Busines	ss Street Address					
City			State	Zip + 4	Country	′ <del></del> .
Applica	nt Contact Name	Title	Last		First	
Telepho	one ()			s		
	Address (if different from the Bu		ress) (if multiple mailing addres	ses, please cor	ntact DEP noted on pa	ge 3)
				ses, please cor	ntact DEP noted on pa	
Mailing	Address			Zip + 4		/
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Mailing  City  Replace For eac	Address  ST  ement Reason: A. Lost  ch sticker or cab card replace  Vehicle Identification Numbe Incorrect  1. 2. 3. 4.	B. Stole ment, enter	State  DR CAB CARD REPLA  On C. Damaged  The Replacement Reason, VI  Vehicle Identification Number (VIN) Correct	Zip + 4 CEMENT D. VIN Cor N, GVW, Type Gross Vehicle	Country rection and Fee Amount.  Vehicle Type TK=Truck Tractor WT-Waste Trailer	Amount TK=\$100 TT=\$50
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#### Replacement Reason:

#### Include:

- Reason
- Vins
  - Contain 17 Characters if manufactured after 1981
  - Will not contain letters I, O or Q
- Gross Vehicle Weight (GVW)
- Type
  - Truck (TK)
  - Truck Tractor (TT)
  - Waste Trailer (WT)
- Dollar Amount and Total



# Page 1 Common Errors

- Incorrect VINs
  - Contain 17 characters if vehicle is manufactured after 1981
  - Will not contain the letters: I, O or Q
- Incorrect Gross Vehicle Weight (GVW)
  - Can be found on the vehicle's registration or title
- Business Address must be a street address
- Country, not county



### **VIN Addition**

	VIN ADD	ITIONS	N. SANGE LEADING	
	VIIN ADD	ITIONS	Vehicle T	ck TK=\$10
Vehicle Identification	Number (VIN)	*Gross Vehicle Weight	TT=Truck Ti	ractor TT=\$50
1.				
2.				
3.				
<b>4.</b> 5.				
6.				
7.				
8.				
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10.				
have purchased a vehicle from anothe		T=Greater than 10,000 lt		Authorization. If yo
have purchased a vehicle from anothe	Hauler, please ensure th	T=Greater than 10,000 lt at the other Hauler has	s are eligible for /	Authorization. If yo
have purchased a vehicle from anothe	Hauler, please ensure th	T=Greater than 10,000 lt at the other Hauler has	s are eligible for /	Authorization. If yo
have purchased a vehicle from anothe their fleet before adding to your fleet.	Hauler, please ensure th	T=Greater than 10,000 lt at the other Hauler has	s are eligible for /	Authorization. If yo
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Write the Applicant name and the WH# at the top.

#### **VIN Addition**

- VIN #
  - Contains 17 characters unless manufactured before 1981
  - Will not contain the letters I, O or Q
- Gross Vehicle Weight
- Vehicle Type
  - Truck (TK)
  - Truck Tractor (TT)
  - Waste Trailer (WT)
- Dollar Amount and Total



### **VIN Deletion**

Applicant Name		VH#
N ADDITIONS		
*Gross Vehic Weight		ractor TT=\$50
N DELETIONS		
entification Number (VIN)		
NCE INFORMATION		
nsurance information for the v	vehicles for which	you are requesting
Policy Number	Policy Effective Date	Policy Expiration Date
	· · · · · · · · · · · · · · · · · · ·	
100	bs and WT=Greater than 10,000 ensure that the other Hauler has N DELETIONS entification Number (VIN)  NCE INFORMATION Insurance information for the vec.	TT=Truck T WT=Waste  Total Addition Fee A bs and WT=Greater than 10,000 lbs are eligible for ensure that the other Hauler has contacted DEP to N DELETIONS entification Number (VIN)  NCE INFORMATION Insurance information for the vehicles for which ye.  Policy Effective

Write the Applicant name and the WH# at the top.

#### **VIN Deletion**

- VIN #
  - Contains 17 characters unless manufactured before 1981
  - Will not contain the letters I, O or Q

No fee for VIN deletions



# Insurance Information

2560-PM-BWM0015c Rev. 11/2011 Addendum			Sam	ple Appli	catio	n Only
Make Additional Copies of this Page if	Necessary	Applicant	Name	<u>v</u>	VH#	
	VIN	ADDITION	ıs	3000 (A) (A) (B) (A)		
Vehicle Identification Nu	umber (VIN)		*Gross Vehicle Weight	Vehicle T TK=Tru TT=Truck T WT=Waste	ck ractor	Amount TK=\$100 TT=\$50 WT=\$50
1.						
2.						
3.					•	
4.						
5. 6.						
-						
8.						
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9.  10.  *TK=Greater than 17,000 lbs, TT=Greater	than 17,000 lbs		ater than 10,000 lbs		Authoriza	
10.	r than 17,000 lbs Hauler, please en	sure that the	ater than 10,000 lbs other Hauler has c	s are eligible for	Authoriza	ition. If you
10.  *TK=Greater than 17,000 lbs, TT=Greater have purchased a vehicle from another I	than 17,000 lbs dauler, please en		ater than 10,000 lbs other Hauler has c	s are eligible for	Authoriza	ition. If you
10.  *TK=Greater than 17,000 lbs, TT=Greater have purchased a vehicle from another I	than 17,000 lbs dauler, please en	Sure that the	ater than 10,000 lbs other Hauler has c	s are eligible for	Authoriza	ition. If you
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*TK=Greater than 17,000 lbs, TT=Greater have purchased a vehicle from another in their fleet before adding to your fleet.  1. 2. 3. Only required for VIN Additions: Pleas	than 17,000 lbs lauler, please en VIN Vehicle Ider INSURAN se enter the insion listed above	DELETION  Intification Number  CE INFOR  urance inform	MATION nation for the veh	s are eligible for ontacted DEP to	Authoriza	ation. If you
*TK=Greater than 17,000 lbs, TT=Greater have purchased a vehicle from another in their fleet before adding to your fleet.  1. 2. 3.  Only required for VIN Additions: Pleas authorization in the VIN ADDITION sect	than 17,000 lbs lauler, please en VIN Vehicle Ider INSURAN se enter the insion listed above	DELETION  Intification Num  CE INFOR  urance inform	MATION nation for the veh	s are eligible for ontacted DEP to	Authoriza	ation. If young VIN from
*TK=Greater than 17,000 lbs, TT=Greater have purchased a vehicle from another in their fleet before adding to your fleet.  1. 2. 3.  Only required for VIN Additions: Pleas authorization in the VIN ADDITION sect	than 17,000 lbs lauler, please en VIN Vehicle Ider INSURAN se enter the insion listed above	DELETION  Intification Num  CE INFOR  urance inform	MATION nation for the veh	s are eligible for ontacted DEP to	Authoriza	ation. If young VIN from

Required for Lost, Damage, Stolen and Additions VINs:

- Insurance Company
   Name
- Policy Number
- Policy Effective Date
- Policy Expiration Date
- If the insurance policy is expired the application will be returned for valid insurance expiration dates.



# Page 2 Common Errors

- VINs
  - Contain 17 characters if vehicle is manufactured after 1981
  - Will not contain the letters: I, O or Q
- Missing gross vehicle weight
- Vehicle doesn't meet Act 90 requirements
  - Greater than 17000 pounds for Trucks and Truck Tractors
  - Greater than 10000 pounds for Waste Trailers
- Incorrect Vehicle Type
  - Should match vehicle registration or title
- Insurance information has expired
- Incorrect Total Fee amount



# **Certification Page**

2560-PM-BWM0015c Rev. 11/2011 Addendum CERTIFICATION I consent to the Department's use of the mailing address provided herein, for service by first class mail of all requests and actions taken by the Department of Environmental Protection. I consent that mail service satisfies all requirements for service unless and until I notify the Department by certified mail of any change of mailing address. I certify that the applicant is either the owner of these vehicles or currently has a valid contract with the owner of these vehicles to exclusively use the vehicles to transport municipal or residual waste. I certify that these vehicles have current safety inspections with a certificate of inspection valid for the base registration state and/or federal requirements for interstate commerce. I certify that these vehicles have insurance that meets the minimum state and/or federal requirements for financial responsibility for intrastate or interstate operation. I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]). Title Print Name of Responsible Person Date Signature Contact DEP Via phone: 717-783-9258 Or Send To: **USPS Mail** PA Department of Environmental Protection PA Department of Environmental Protection Bureau of Waste Management Bureau of Waste Management Division of Reporting and Fee Collection Division of Reporting and Fee Collection Rachel Carson State Office Building Rachel Carson State Office Building 400 Market Street, 14th Floor P.O. Box 8550 Harrisburg, PA 17101 Harrisburg, PA 17105-8550 Attached is a check or money order made payable to the "Commonwealth of Pennsylvania" for the total fee amount calculated on Pages 1 and 2.

Sample Application Only

Do Not Fill Out

# Read and complete every part of this section.

#### Requires:

- Printed Name
- Title
- Signature
- Date

The USPS address is for regular mail.

The Courier address is to overnight it to the Program.

Include a check or money order for the total amount made out to:

**Commonwealth of Pennsylvania** 



## Page 3 Common Errors

- Missing printed name, signed name, date or title
- Incorrect check amount or date
- Incorrect Vehicle Type
- Checks not signed
- Check or money order must be made out to:
  - Commonwealth of Pennsylvania

If you have additional questions please contact DEP Waste Management at 717-783-9258 or email <a href="mailto:ra-wtsp@pa.gov">ra-wtsp@pa.gov</a>

