



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Bureau of Waste Management

Waste Transportation Safety Program

New and Renewal Act 90 Authorization Permit Paper Application Instructions

New and Renewal Facts

- New applicants use this form to apply for a new permit.
- Applicant can renew 120 days from their permit expiration.
- Download New and Renewal form at [Municipal and Residual Waste Transportation Authorization Application Forms](#)
- After permit is approved, stickers take approximately 10-14 days to print and ship
- Online applications can be submitted through Greenport
 - New and Renewal Online Directions at [Greenport Renewal Instructions \(pdf\)](#)

Application Type – Page 1 Part A

2560-PM-BWM0015b Rev. 11/2011
Application

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

 **pennsylvania**
DEPARTMENT OF ENVIRONMENTAL PROTECTION

**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
AUTHORIZATION APPLICATION**

PART A – GENERAL APPLICATION INFORMATION

APPLICATION TYPE: Renewal
(check only one) New Application

Sample Application Do Not Use

In order to be considered ADMINISTRATIVELY COMPLETE, all six parts of this application (Parts A, B, C, D, E and F) must be fully completed, signed and accompanied with a check or money order made payable to the "Commonwealth of Pennsylvania" for the total amount of fees due. Incomplete applications will be returned to the applicant.

APPLICANT INFORMATION
The Department must be notified of all changes to Name, Business Address, Mailing Address and Phone Number as noted in Part F – Certification. An Applicant is an individual or other legal entity that requests approval from DEP to perform a regulated activity. The Applicant Contact must be authorized to receive correspondence on behalf of the Applicant. The Business Address must be a Street Address.

WH Number (if a Renewal) _____ Employer ID# (EIN) _____ US DOT # _____
Date of Birth (if applicant is an Individual or Sole Proprietorship) _____
Applicant _____
Business Street Address _____
City _____ State _____ Zip + 4 _____ Country _____
Applicant Contact Name _____ Last _____ First _____ MI _____ Title _____
Telephone (_____) _____ Ext _____ FAX (_____) _____
Cell Phone (_____) _____ Email Address/s _____

Applicant Type Code – select the code that represents the type of applicant that owns the vehicle for which authorization is being requested:

Federal Agency Individual Municipality Non-PA corporation
 PA Corporation Partnership-General Partnership-Limited School District
 State Agency Sole Proprietorship Limited Liability Partnership Limited Liability Company

For Department Use Only	Total Amount Enclosed:	Date:
Client ID:	Waste Hauler ID:	Initials:
Check #:	Date On Check:	Check Amount:

- 1 -

Check One Box:

Renewal for current applicants with a Waste Hauler number (WH#)

New Application

- Waste Haulers applying for a new permit
- Include the EIN confirmation letter from IRS that establishes your EIN# (except individuals)
- US DOT # is required for most applicants. To obtain a US DOT# visit <http://www.fmcsa.dot.gov/>

Applicant Information – Page 1 Part A

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Application

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

 **pennsylvania**
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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WH Number (if a Renewal) _____ Employer ID# (EIN) _____ US DOT # _____

Date of Birth (if applicant is an Individual or Sole Proprietorship) _____

Applicant _____

Business Street Address _____

City _____ State _____ Zip + 4 _____ Country _____

Applicant Contact Name Last First MI Title _____

Telephone () _____ Ext _____ FAX () _____

Cell Phone () _____ Email Address/s _____

Applicant Type Code – select the code that represents the type of applicant that owns the vehicle for which authorization is being requested:

Federal Agency Individual Municipality Non-PA corporation
 PA Corporation Partnership-General Partnership-Limited School District
 State Agency Sole Proprietorship Limited Liability Partnership Limited Liability Company

For Department Use Only	Total Amount Enclosed:	Date:
Client ID:	Waste Hauler ID:	Initials:
Check #:	Date On Check:	Check Amount:

- 1 -

- WH# (If Renewal)
- EIN# - Employee Identification Number
 - For all companies except Individuals
- DOT#
- Date of Birth
 - If applicant is an Individual or Sole Proprietorship
- Applicant Name
 - Name under which the vehicles are registered
- Business Street Address
 - Physical address of the company
- City, State, Zip, Country
- Applicant Contact Name
 - This is the person for DEP to call if there are questions.
- Telephone, Fax, Cell Phone and E-mail

Application Type – Page 1 Part A

2560-PM-BWM0015b Rev. 11/2011
 Application

 COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WASTE MANAGEMENT

MUNICIPAL & RESIDUAL WASTE TRANSPORTER AUTHORIZATION APPLICATION

Sample Application Do Not Use

PART A – GENERAL APPLICATION INFORMATION

APPLICATION TYPE: Renewal
 New Application
 (check only one)

In order to be considered ADMINISTRATIVELY COMPLETE, all six parts of this application (Parts A, B, C, D, E and F) must be fully completed, signed and accompanied with a check or money order made payable to the "Commonwealth of Pennsylvania" for the total amount of fees due. Incomplete applications will be returned to the applicant.

APPLICANT INFORMATION
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WH Number (if a Renewal) _____ Employer ID# (EIN) _____ US DOT # _____
 Date of Birth (if applicant is an individual or Sole Proprietorship) _____
 Applicant _____
 Business Street Address _____

 City _____ State _____ Zip + 4 _____ Country _____
 Applicant Contact Name _____ Title _____
 Last First MI
 Telephone () _____ Ext _____ FAX () _____
 Cell Phone () _____ Email Address/s _____

Applicant Type Code – select the code that represents the type of applicant that owns the vehicle for which authorization is being requested:

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Individual	<input type="checkbox"/> Municipality	<input type="checkbox"/> Non-PA corporation
<input type="checkbox"/> PA Corporation	<input type="checkbox"/> Partnership-General	<input type="checkbox"/> Partnership-Limited	<input type="checkbox"/> School District
<input type="checkbox"/> State Agency	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company

For Department Use Only	Total Amount Enclosed:	Date:
Client ID:	Waste Hauler ID:	Initials:
Check #:	Date On Check:	Check Amount:

- 1 -

Choose ONLY one of the following:

- Federal Agency
- PA Corporation
- State Agency
- Individual
- Partnership-General
- Sole Proprietorship
- Municipality
- Partnership-Limited
- Limited Liability Partnership
- Non-PA corporation
- School District
- Limited Liability Company



Mailing Address – Page 2 Part A

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Application

Sample Application Do Not Use

Make Additional Copies of this Page if Necessary Applicant Name _____

Mailing Address (if different from the Business Street Address) (if multiple mailing addresses, please associate address to corresponding VIN(s) and use additional sheets of paper or contact DEP noted on page 8)

Mailing Address _____

City _____ State _____ Zip+4 _____ Country _____

PART B – FLEET INFORMATION (List all vehicles associated with the above referenced mailing address. Use additional copies of this page for vehicles associated with any additional mailing addresses.)

	Vehicle Identification Number (VIN)	*Gross Vehicle Weight lbs.	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

Total Amount of Fees: \$ _____

*Trucks (TK) and Truck Tractors (TT) must have a gross vehicle weight of 17,001 lbs. or more, and Waste Trailers (WT) must have a gross vehicle weight of 10,001 lbs. or more to be eligible for an Authorization.

If you have purchased a vehicle from another Hauler, please ensure that the other Hauler has contacted DEP to delete the VIN from their fleet before adding it to your fleet.

Remember to write the Applicant's name on the top line.

- This address is where your stickers and cards will be mailed to.
- This address can be different from the physical address of the company.

Fleet Information and Vehicles – Page 2 Part B

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Application

Sample Application Do Not Use

Make Additional Copies of this Page if Necessary

Applicant Name _____

Mailing Address (if different from the Business Street Address) (if multiple mailing addresses, please associate address to corresponding VIN(s) and use additional sheets of paper or contact DEP noted on page 8)

Mailing Address _____

City _____ State _____ Zip+4 _____ Country _____

PART B – FLEET INFORMATION (List all vehicles associated with the above referenced mailing address. Use additional copies of this page for vehicles associated with any additional mailing addresses.)

Vehicle Identification Number (VIN)	*Gross Vehicle Weight lbs.	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

Total Amount of Fees: \$ _____

*Trucks (TK) and Truck Tractors (TT) must have a gross vehicle weight of 17,001 lbs. or more, and Waste Trailers (WT) must have a gross vehicle weight of 10,001 lbs. or more to be eligible for an Authorization.

If you have purchased a vehicle from another Hauler, please ensure that the other Hauler has contacted DEP to delete the VIN from their fleet before adding it to your fleet.

Must Contain:

- VIN #
- Gross Vehicle Weight (GVW)
- Vehicle Type
- Payment Amount

VIN (Vehicle Identification Number):

- If manufactured after 1981 are 17 characters
- They will not contain the letters: I, O, or Q

Vehicle Types Include:

- Truck (TK)
- Truck Tractor (TT)
- Waste Trailer (WT)

Total Dollar Amount of Fees

Common Errors – Part B

- VIN's must have 17 characters unless the vehicle was manufactured before 1981.
 - SAMPLE00000TRUCK
- Gross Vehicle Weight
 - Only Trucks and Truck Tractors over 17000 pounds require a permit.
 - Only Waste Trailers over 10,000 pounds require a permit.
- Vehicle Type should match title or registration

Insurance Information – Page 3 Part C

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Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART C – INSURANCE INFORMATION

Please enter the insurance information for the vehicles for which you are requesting authorization.

Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date

PART D – APPLICANT OWNERSHIP INFORMATION

If the Applicant is a partnership or corporate entity, list all individuals and/or parent corporate entities that own more than 25% of the applicant.
 Check here if no single individual or parent corporate entity owns more than 25% of the applicant.

If the owner of the applicant is an individual, list the name, date of birth, % of ownership, address, and telephone number of all individuals who own more than 25% of the applicant identified on page 1.

Name _____
Last First MI

Date of Birth _____ Percentage of Ownership _____

Street Address _____

City _____ State _____ Zip + 4 _____ Country _____

Telephone () _____ Ext _____ FAX () _____

Email Address _____

Mailing Address (if different from the Street Address)
Address _____

City _____ State _____ Zip + 4 _____ Country _____

Make additional copies of this page if more than one individual owns more than 25% of the applicant.

Sample Application Do Not Use

- 3 -

Remember to write the Applicant's name on the top line.

- Include:
 - Insurance Company Name
 - Policy Number
 - Policy Effective Date
 - Policy Expiration Date
- Insurance information must have a valid expiration date.
- If the insurance policy is expired the application will be returned for valid insurance expiration dates.

Applicant Ownership Information – Page 3 Part D

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Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART C – INSURANCE INFORMATION

Please enter the insurance information for the vehicles for which you are requesting authorization.

Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date

PART D – APPLICANT OWNERSHIP INFORMATION

If the Applicant is a partnership or corporate entity, list all individuals and/or parent corporate entities that own more than 25% of the applicant.
 Check here if no single individual or parent corporate entity owns more than 25% of the applicant.

If the owner of the applicant is an individual, list the name, date of birth, % of ownership, address, and telephone number of all individuals who own more than 25% of the applicant identified on page 1.

Name _____
 Last _____ First _____ MI _____

Date of Birth _____ Percentage of Ownership _____

Street Address _____

City _____ State _____ Zip + 4 _____ Country _____

Telephone () _____ Ext _____ FAX () _____

Email Address _____

Mailing Address (if different from the Street Address)
 Address _____

City _____ State _____ Zip + 4 _____ Country _____

Make additional copies of this page if more than one individual owns more than 25% of the applicant.

Sample Application Do Not Use

- 3 -

- List all individuals that own more than 25% of the company.
 - Make additional copies if one individual owns more than 25% of the applicant.
- **ALL companies must fill this section out, even sole owners.** Indicate the percentage of ownership. Example: Sole ownership will own 100%.
- If the owner is an individual, fill out with the home address.
- Mailing Address
 - only if different from the above street address.

Parent Entity Ownership Information – Page 1 Part D

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Application

Make Additional Copies of this Page if Necessary Applicant Name _____

If the owner of the applicant is a parent corporate entity, identify the type and list the name, EIN, % of ownership, address, and telephone number of the entities that own more than 25% of the applicant identified on page 1.

PA Corporation Non-PA Corporation Limited Liability Company Partnership-Limited
 Limited Liability Partnership

Name _____
Employer Identification Number (EIN) _____ Percentage of Ownership _____
Street Address _____
City _____ State _____ Zip + 4 _____ Country _____
Telephone (____) _____ Ext _____ FAX (____) _____
Email Address _____

Mailing Address (if different from the Street Address)
Address _____
City _____ State _____ Zip + 4 _____ Country _____

Make additional copies of this page if more than one parent corporate entity owns more than 25% of the applicant.

Sample Application Do Not Use

- 4 -

Remember to write the Applicant's name on the top line.

Page four is to be filled out only if your company is owned by another company.

- If filling out make sure to include:
 - EIN#
 - Issued through the SS-4 IRS form
 - Percentage of Ownership
- The Parent Company must own more than 25% to be reported.



Permit and License Actions – Part E1 Page 5

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Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART E1 – COMPLIANCE HISTORY – PERMITS & LICENSE ACTIONS

Check here if the applicant and owner(s) have **NOT** had permits or licenses for environmental activities that have been **Denied, Suspended or Revoked** by any Pennsylvania Agency or any Federal Agency in the past five (5) years. **Go to Part E2.**

Check here if the applicant or owner(s) **HAS** had any permits or licenses for environmental activities that have been **Denied, Suspended or Revoked** by any Pennsylvania Agency or any Federal Agency in the past five (5) years.
For each action taken, provide the following information:

Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied
Explanation _____ _____ _____				
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied
Explanation _____ _____ _____				
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied
Explanation _____ _____ _____				

Sample Application Do Not Use

- 5 -

Check Box 1:

- If the applicant or the owner(s) have **NOT** had any permit or license for an environmental activity denied, suspended or revoked by a Pennsylvania or Federal Agency in the last 5 years.
- If you check this box, continue onto E2.

Check Box 2:

- If the applicant or owners **HAVE** had a permit or license denied, suspended or revoked.

Compliance History – Page 5 Part E1

2560-PM-BWM00015b Rev. 11/2011
Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART E1 – COMPLIANCE HISTORY – PERMITS & LICENSE ACTIONS

Check here if the applicant and owner(s) have **NOT** had permits or licenses for environmental activities that have been **Denied, Suspended or Revoked** by any Pennsylvania Agency or any Federal Agency in the past five (5) years. **Go to Part E2.**

Check here if the applicant or owner(s) **HAS** had any permits or licenses for environmental activities that have been **Denied, Suspended or Revoked** by any Pennsylvania Agency or any Federal Agency in the past five (5) years.
For each action taken, provide the following information:

Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied
Explanation _____				

Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied
Explanation _____				

Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Denied
Explanation _____				

Sample Application Do Not Use

- 5 -

If you checked Box 2 list each occurrence.

Make sure to include the following:

- Permit ID# or License ID#
- Issuing Authority
- The Agency Name
- Date of action
- Action taken
- Explanation

Enforcement Actions – Page 6 Part E2

2560-PM-BWM00015b Rev. 11/2011
Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART E2 – COMPLIANCE HISTORY – ENFORCEMENT ACTIONS

Check here if the applicant and owner(s) have **NOT** had any environmental **enforcement actions** issued against them by any Pennsylvania Agency or Federal Agency in the past five (5) years. **Go to Part E3.**

Check here if the applicant or owner(s) **HAS** had any environmental **enforcement actions** issued against them by any Pennsylvania Agency or Federal Agency in the past five (5) years. For each action taken, provide the requested information listed below:

Check here if the applicant has submitted an HWC, Compliance History Form 2540-FM-LRWM0058. Indicate date HWC was submitted: _____. If the applicant has completed an HWC, only waste transportation enforcement information needs to be entered into this section.

Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Summary Citation <input type="checkbox"/> Notice of Violation <input type="checkbox"/> Civil Penalty Assessment <input type="checkbox"/> Administrative Order <input type="checkbox"/> Consent Order <input type="checkbox"/> Court Order <input type="checkbox"/> Consent Assessment Civil Penalty
Amount of Fines or Penalties _____				
Explanation _____				

Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
_____	<input type="checkbox"/> PA <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Summary Citation <input type="checkbox"/> Notice of Violation <input type="checkbox"/> Civil Penalty Assessment <input type="checkbox"/> Administrative Order <input type="checkbox"/> Consent Order <input type="checkbox"/> Court Order <input type="checkbox"/> Consent Assessment Civil Penalty
Amount of Fines or Penalties _____				
Explanation _____				

Sample Application Do Not Use

- 6 -

Check box 1 if the applicant and the owner(s) have NOT had any environmental enforcement actions issued against them in the past 5 years.

If you check this box, go to page 7

Check Box 2 if the applicant or owner(s) HAVE received any environmental enforcement actions issued against them in the past 5 years.

If you check this box, continue and fill out the information below.

Check Box 3 if you had submitted a HWC Form (For Waste Processing and/or Disposal Facilities) and indicate the date submitted.

Process of an Enforcement Action

When a company commits one, or multiple, violations the following procedure is followed:

1. A Notice of Violation (NOV) is given. This will either be given to the driver, or mailed to the company.
 - This must be reported on Part E2 as it is an ENFORCEMENT ACTION
2. Compliance background checks are conducted by a DEP inspector, who may determine if **another enforcement action** should be given.
 - This can be sent anywhere from 3 to 6 months later.
 - This must be listed separately from the NOV above, with the Date Executed.

Enforcement Action Penalties & Explanations

- These penalties must be listed with the enforcement action they are associated with.
 - They are monetary and range in value.
- Explanations are the reason why the enforcement action was issued (e.g. Type of waste not on vehicle, No fire extinguisher, Leaking load, etc.)

Locating Enforcement Actions Online

On the Municipal and Residual Waste Transportation webpage you can find instructions on locating your enforcement actions online:

Instructions for locating your Compliance History

- Obtain your company's Client ID. You can obtain this ID number from [Complete \(Active, Inactive, Revoked\) List of Waste Transportation Authorizations](#) (xls) or by calling the Department at 717-783-9258.

-Go to the "[Client Search](#)" link in [eFACTS on the Web](#).

Type in your Client ID in the "Client ID" box and hit the Search box. Hint: Do not type in additional information on this screen.

All Compliance History information will be located under "Inspections" (bottom of page).

Specific compliance history information (violations and enforcement actions) will be found under the "Inspection Results" link.

-Notes

If the Client Search Site Details includes company owned facilities/operations, additional waste violations may be listed for these operations.

Waste violations and enforcements actions must also be reported for related corporations (corporations with common principals or have parent or subsidiary relationships).

Waste hauler compliance history information is also available at [WTSP violations and enforcement actions](#) (xls)

Notes:

- If there are multiple entries with the same **Enforcement** number, these entries all count as a single enforcement action.
- Make sure to use the date listed under **DATE EXECUTED**.
- Any enforcement actions from Parent or Sister companies must also be listed.

Environmental Crimes – Page 7 Part E3

2560-PM-BWM00015b Rev. 11/2011
Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART E3 – COMPLIANCE HISTORY – ENVIRONMENTAL CRIMES

Check here if the applicant and owner(s) **HAVE NOT BEEN CONVICTED** of any environmental crimes in the past five (5) years. **Go to Part F.**

Check here if the applicant or owner(s) **HAS BEEN CONVICTED** of any environmental crimes in the past five (5) years. For each conviction, provide the requested information below:

Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
_____	<input type="checkbox"/> PA <input type="checkbox"/> _____ (Other State) <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Location Where Violation Occurred _____		Sentence Imposed _____		
Total Fines and Costs _____				
Explanation _____				

Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
_____	<input type="checkbox"/> PA <input type="checkbox"/> _____ (Other State) <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Location Where Violation Occurred _____		Sentence Imposed _____		
Total Fines and Costs _____				
Explanation _____				

Sample Application Do Not Use

- 7 -

Remember to write the Applicant's name on the top line.

Check box 1

- If the applicant or owner(s) have NOT been convicted of an environmental crime in the past five years.
- If you check this box continue to page 8

Check Box 2

- If the applicant or owner(s) HAVE been convicted of an environmental crime in the past five years.
- If you check this box, fill out the information below.



Compliance History – Page 7 Part E3

2560-PM-BWM00015b Rev. 11/2011
Application

Make Additional Copies of this Page if Necessary Applicant Name _____

PART E3 – COMPLIANCE HISTORY – ENVIRONMENTAL CRIMES

Check here if the applicant and owner(s) **HAVE NOT BEEN CONVICTED** of any environmental crimes in the past five (5) years. **Go to Part F.**

Check here if the applicant or owner(s) **HAS BEEN CONVICTED** of any environmental crimes in the past five (5) years. For each conviction, provide the requested information below:

Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
_____	<input type="checkbox"/> PA <input type="checkbox"/> _____ (Other State) <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Location Where Violation Occurred _____		Sentence Imposed _____		
Total Fines and Costs _____				
Explanation _____				

Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
_____	<input type="checkbox"/> PA <input type="checkbox"/> _____ (Other State) <input type="checkbox"/> Federal	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Location Where Violation Occurred _____		Sentence Imposed _____		
Total Fines and Costs _____				
Explanation _____				

Sample Application Do Not Use

- 7 -

- Permit/License ID#
 - This is your WH#
- The Issuing Authority
- The Issuing Agency Name
 - This will usually be DEP
- The Date of Action
 - (Date Executed)
- The Type of action
 - (Check only one)
- The amount of fines or fees.
 - You can put 0.00
- Explanation
 - Give the reason that the enforcement action was issued.

Certification – Page 8 Part F

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Application

Make Additional Copies of this Page if Necessary

Applicant Name _____

PART F – CERTIFICATION

I consent to the Department's use of the mailing address(es) 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(es).

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 in 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]).

Print Name of Responsible Person _____
Last First MI

Signature _____

Title _____ Date _____

Contact DEP

Via phone: (717) 783-9258 or (800) 346-1932

Or Send To:

USPS Mail

PA Department of Environmental Protection
Bureau of Waste Management
Division of Reporting and Fee Collection
Rachel Carson State Office Building
P.O. Box 8550
Harrisburg, PA 17105-8550

Courier

PA Department of Environmental Protection
Bureau of Waste Management
Division of Reporting and Fee Collection
Rachel Carson State Office Building – 14th Floor
400 Market Street
Harrisburg, PA 17101-2301

Attached is a check or money order made payable to the "Commonwealth of Pennsylvania" for the total fee amount calculated in Part B, Fleet Authorization Information.

Sample Application Do Not Use

Remember to write the Applicant's name on the top line.

- Read the entire page before signing.
- Page 8 must have:
 - Printed Name
 - Title
 - Signature
 - Date Signed

Mailing and Payment – Page 8 Part F

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Application

Make Additional Copies of this Page if Necessary

Applicant Name _____

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Print Name of Responsible Person _____ Last _____ First _____ MI _____

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Title _____ Date _____

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Sample Application Do Not Use

- 8 -

USPS Mail:

- The first Mailing Address is to send the application by regular United States Postal Services to the Program.

Courier:

- The second Mailing Address is to overnight the application to the Program.

Make sure the check:

- Is made out in full to:
 - Commonwealth of Pennsylvania
- Has the correct date
- Is Signed



Facts

- DEP does not give out temporary permits or exemptions to haulers.
 - An “One Time Exemption” can be requested by individuals with no prior knowledge of the Waste Transportation Safety Program. However, the exemption is granted on a case by case basis and can not be used multiple times or on multiple loads.
- Renewal Applications can be submitted 120 days prior to expiration date.
- Filing in person does not speed up the process except that the application does not have to be mailed and any errors can be caught ahead of time.
- DEP does not print it’s own stickers. It uses an outside contractor.
 - This contractor does not overnight stickers.
- The process to receive, complete background check, approve and mail the stickers is approximately two weeks. This is if there are no errors upon submitting the application.

Most Common Application Errors

- Applicant Name is not the same as on the IRS EIN confirmation letter
- VIN# not containing 17 characters
- Vehicle Gross Weight is incorrect
- Type of vehicle is incorrect
- Insurance had expired
- Missing, incomplete or error in filling out pages 5, 6 and 7
- Missing signature on application

If you have additional questions please contact
DEP Waste Management at 717-783-9258 or

Email ra-wtsp@pa.gov

