





# 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 <u>Municipal and Residual</u>
   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 <u>Greenport Renewal Instructions</u>
     (pdf)



# Application Type – Page 1 Part A

11101			UAL WASTE TRA		Sample
ART A GENERAL APPLIC			TION ALTEROAL		/
PPLICATION TYPE:	INI MOITAG	Renewal			<b>Application Do</b>
		New Applicatio			Not Use
(check only one)	_				
n order to be considered Au- uity completed, signed and ac he total amount of fees due.	ocompanied	with a check or	money order made payable	to the "Com	is A, B, C, D, E and F) must be monwealth of Pennsylvania" for
Part F - Certification. An Applicativity. The Applicant Contains the a Street Address.	ified of all o plicant is an ct must be a	individual or of authorized to rec	her legal entity that requests selve correspondence on beh	approval froal of the Ap	and Phone Number as noted in om DEP to perform a regulated opticant. The Business Address
VH Number (if a Renewal)		Employer ID#	(EIN)	US DOT	
Date of Birth (if applicant is an	Individual	or Sole Proprieto	orship)		-
applicant					
Rusiness Street Address					
City			State Zip 4	4	
City			State Zip 4	4	
City		First	State Zip +	Title	
City	t	Frst	StateZip 4	Title	
City	t	Frst	State Zip +	Title	Country
Applicant Contact Name  Last  Cellephone ( )  Applicant Type Code — select		First	State Zip 4  MIExt FAX (	7 Title	
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#### 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 <a href="http://www.fmcsa.dot.gov/">http://www.fmcsa.dot.gov/</a>



# Applicant Information – Page 1 Part A

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PART A - GENERAL APP	LICATION INFO	ORMATION				<b>Applica</b>	ition Do
APPLICATION TYPE:		Renewal					Use
(check only one)		New Applicatio	n			NOU	036
in order to be considered fully completed, signed an the total amount of fees du	d accompanied	with a check or	money order m	ade payable to	tion (Parts the "Comr	A, B, C, D, E a nonwealth of Pe	and F) must be nnsylvania* for
APPLICANT INFORMATION The Department must be  Part F - Certification. An  activity. The Applicant Co- must be a Street Address. WH Number (if a Renewal	notified of all of Applicant is an intact must be as	individual or of uthorized to rec	her legal entity selve correspond	that requests a dence on behal	f of the Ap	plicant. The Bu	rm a regulated siness Address
Date of Birth (if applicant is							
Date of Birth (if applicant if							
Business Street Address						Country	
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Business Street Address	Last	First	State	Zip + 4	Title		
Business Street Address	Last	First	State	Zip + 4	Title		
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Applicant	Last  elect the code th	First at represents the all ship-General oprietorship	ExtEmail Add the type of applic Partners! Limited L	Zip + 4  Mi FAX ( dress/s cant that owns t  lity	Title	for which author	rization is being

- 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

pennsylvani		PEPARYMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT	
MI	UNICIPAL	& RESIDUAL WASTE TRAN	NSPORTER
	AL	JTHORIZATION APPLICATION	Sample Sample
PART A - GENERAL APP	LICATION INF	FORMATION	Application Do
APPLICATION TYPE:		Renewal	Not Use
(check only one)		New Application	
ulty completed, signed and	d accompanied	TVELY COMPLETE, all six parts of this applical with a check or money order made payable to applications will be returned to the applicant.	ation (Parts A, B, C, D, E and F) must be the "Commonwealth of Pennsylvania" for
Part F - Certification. An activity. The Applicant Cor	notified of all o Applicant is an ntact must be a	changes to Name, Business Address, Mailing individual or other legal entity that requests a authorized to receive correspondence on behal	approval from DEP to perform a regulated of the Applicant. The Business Address
NH Number (if a Renewal)		Employer ID# (EIN)	US DOT #
Date of Birth (if applicant is	an Individual	or Sole Proprietorship)	
Applicant			
Duninger Street Address			
City		State Zip + 4	Country
	ant		
Applicant Contact Name		First MI	Title
Applicant Contact Name	- 1	First MI FAX (	Title
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Applicant Contact Name  Telephone ()  Cell Phone ()  Applicant Type Code – sel requested:  Federal Agency  PA Corporation  State Agency	Individu	First MI  Ext FAX   Ernail Address/s  hat represents the type of applicant that owns to the type of applicant that owns the type of the type of applicant that owns the type of applicant that owns the type of applicant that owns the type of the type of applicant that owns the type of applicant that owns the type of applica	the vehicle for which authorization is being the vehicle for which
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Applicant Contact Name Telephone ()  Cell Phone ()  Applicant Type Code – sel requested:  Federal Agency PA Corporation State Agency  For Department Use Only	Individu	Ext FAX (	the vehicle for which authorization is being the vehicle for which
Applicant Contact Name Telephone ()  Cell Phone ()  Applicant Type Code – sel requested:  Federal Agency PA Corporation State Agency  For Department Use Only  Client ID:	Individu	First MI  Ext FAX   Ernail Address/s  hat represents the type of applicant that owns to the type of applicant that owns the type of applicant that owns to the type of applicant that owns the type of applican	Title

#### 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

Make Additional Copies of this	Page if Necessary	Applie	cant Name	
orresponding VIN(s) and use	from the Business Street Addre additional sheets of paper or con	tact DEP noted on pag	je 8)	
tity	State	Zip+4	Country	
ART B – FLEET INFORMAT f this page for vehicles assoc	TION (List all vehicles associated iated with any additional mailing a	with the above referen addresses.)	ced mailing address. Use a	dditional copie
Vehicle Ider	itification Number (VIN)	*Gross Vehicle Weight Ibs.	TK=Truck	Amount TK=\$100 TT=\$50 WT=\$50
			100	
).				
				4
1.				
2.				
14.				
15.				
17				
18.				
20.			Total Amount of Fees	s: \$
Trucks (TK) and Truck Trac	tors (TT) must have a gross vet	nicle weight of 17,001	lbs. or more, and Waste Tr	railers (WT) m
have a gross vehicle weight o	of 10,001 lbs. or more to be eligible	e for an Authorization.	Hauler has contacted DEP	

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

2560-PM-BW Application	M00015b Rev. 11/20	11	Sample Ap	oplication Do	Not Use
Make Additi	onal Copies of this Pa	age if Necessary	Applicar	nt Name	
Mailing Add	dress (if different fro ng VIN(s) and use ac	m the Business Street Addre	ess) (if multiple mailing ntact DEP noted on page	addresses, please_assoc 8)	iate address to
Mailing Add	ress				
City		State	Zip+4		
PART B – F	LEET INFORMATIO	N (List all vehicles associated	with the above reference		
of this page	for vehicles associat	ed with any additional mailing	addresses.)		
		ication Number (VIN)	*Gross Vehicle Weight Ibs.	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
4					
		2			
10					
11				-	
		Van Alexandra			
		174747			P. A. S
		-//			
20.					

\*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.
  - SAMPLEOOOOOTRUCK
- Gross Vehicle Weight
  - Only Trucks and Truck Tractors <u>over</u> 17000 pounds require a permit.
  - Only Waste Trailers <u>over</u> 10,000 pounds require a permit.
- Vehicle Type should match title or registration



# Insurance Information – Page 3 Part C

2560-PM-BWM00015b Rev. 11/2011 Application			
Make Additional Copies of this Page	f Necessary	Applicant Name	
PART C - INSURANCE INFORMATI	ON		-
Please enter the insurance information	n for the vehicles for which you are reque	esting authorization.	
Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date
PART D - APPLICANT OWNERSHI	P INFORMATION		
If the Applicant is a partnership or co	rporate entity, list all individuals and/or p	earent corporate entities that o	own more than 25% of
$\hfill\square$ Check here if no single individual	or parent corporate entity owns more that	25% of the applicant.	,
If the owner of the applicant is an in individuals who own more than 25%	dividual, list the name, date of birth, % of the applicant identified on page 1.	of ownership, address, and te	lephone number of all
Name Firs	t MI		
Date of Birth	•	entage of Ownership	
Street Address			
City	State	Zip + 4	Country
Telephone ()	Ext		
Email Address			
Mailing Address (if different from the			
	otteet Address)		
,			
City	State	Zip + 4	Country
Make additional copies of this page i	f more than one individual owns more tha	n 25% of the applicant	
Make additional copies of the page (	Thoro didinono piariada o mie mero die		
	Samp	ole 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

Make Additional Copies of this Pa	age if Necessary		Applic	ant Name	
			Аррііс	ant Name	
PART C - INSURANCE INFORM					
Please enter the insurance inform	nation for the vehicles fo	r which you are	requesting au	uthorization.	
Insurance Company Name	Pol	icy Number		Policy Effective Date	Policy Expiration Date
			-		
PART D - APPLICANT OWNER	SHIP INFORMATION				
If the Applicant is a partnership of the applicant.	or corporate entity, list a	Il individuals a	nd/or parent co	orporate entities that o	own more than 25% of
Check here if no single individ	lual or parent corporate	entity owns mo	re than 25% o	f the applicant.	,
If the owner of the applicant is a individuals who own more than 2				rship, address, and te	lephone number of all
Name	First	MI			
Last Date of Birth			Percentage	of Ownership	
Street Address					
City					Country
Email Address			_ FAX [		
Email Address					
Mailing Address (if different from	the Street Address)				
Address					
City		State _	Z	Zip + 4	Country
Make additional copies of this pa	ide if more than one indi	vidual owns me	ore than 25% of	of the applicant.	
make additional depice of the pe	go a mero aran ene ma			-,,	

- 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

Application				
Make Additional Copies of	f this Page if Necessary		Applicant Name	
If the owner of the applica telephone number of the	ant is a parent corporate entity, identities that own more than 25% of	entify the type a of the applicant	nd list the name, EIN, % of identified on page 1.	ownership, address, and
☐ PA Corporation	☐ Non-PA Corporation	Lir	nited Liability Company	☐ Partnership-Limited
Limited Liability Partne	ership			
Name				
	umber (EIN)		ge of Ownership	•
	uniber (EII4)		ge of ewiterenip	
Telephone ()	Ext		FAX ()	
Email Address				
City	ent from the Street Address)	_ State	Zip + 4	Country
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		_ State	Zip + 4	
City		state	Zip + 4	
City		state	Zip + 4	he applicant.

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

Page four is to be filled out <u>only</u> 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

Check here if the	applicant and owner(s) has	PERMITS & LICENSE A ve NOT had permits or licenses ssylvania Agency or any Federal A	for environmental activity	
Suspended or Rev	pplicant or owner(s) <u>HAS</u> hoked by any Pennsylvania en, provide the following info	ad any permits or licenses for env Agency or any Federal Agency in t ormation:	ironmental activities that the past five (5) years.	have been Denied
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
	☐ PA ☐ Federal			Suspended Revoked Denied
Explanation				
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
	☐ PA ☐ Federal			Suspended Revoked Denied
Explanation				
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
-	□ PA □ Federal			Suspended Revoked Denied
Explanation				

#### 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

Make Additional Copies	of this Page if Necessary	Applic	cant Name	
ART E1 – COMP	PLIANCE HISTORY -	- PERMITS & LICENSE	ACTIONS	
		e <u>NOT</u> had permits or licenses sylvania Agency or any Federal A		
Check here if the ap Suspended or Rev	pplicant or owner(s) <u>HAS</u> ha oked by any Pennsylvania A	d any permits or licenses for envi Agency or any Federal Agency in t	ronmental activities that he past five (5) years.	have been Denied
For each action take	en, provide the following info	mation:		
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
	□ PA _			Suspended
	☐ Federal			Revoked
				Denied
Explanation				
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
	□ PA			Suspended
	☐ Federal			☐ Revoked
				Denied
Explanation				
Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Action Taken
	□ PA			Suspended
	☐ Federal			Revoked
				Denied
Explanation				

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

Administrative Order   Consent Order   Consent Order   Consent Assessment Circult Order   Consent Order   Conse	2560-PM-BWM00015b Re Application	ev. 11/2011			
Check here if the applicant and owner(s) have NOT had any environmental enforcement actions, issued against them by a 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 a Pennsylvania Agency or Federal Agency in the past five (5) years. For each action taken, provide the requested informatilisted below:  Check here if the applicant has submitted an HWC, Compliance History Form 2540-FM-LRWM0058. Indicate date HWC with 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  Prederal Summary Claston  Notice of Violation  Civil Penalty Assessment Civil Penalty Assessment Crear Consent Assessment Civil Penalty  Amount of Fines or Penalties  Explanation Type of Action  Permit/License ID # Issuing Authority Issuing Agency Name Date of Action Type of Action  Permit/License ID # Issuing Authority Issuing Agency Name Date of Action Type of Action  Covil Penalty Assessment Civil Civil Penalty Assessment Civil Penalty Assessment Civil Penalty Assessment Civil Civil Penalty Assessment Civil Civil Penalty Assessment Civil Civil Penalty Assessment Civil Covil Civil Penalty Assessment Civil Penalty Assessment Civil Civil Penalty Assessment Civil Penalty Assessment Civil Penalty Assessment Civil Pen	Make Additional Copies	of this Page if Necessary	1	Applicant Name	
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 a Pennsylvania Agency or Federal Agency in the past five (5) years. For each action taken, provide the requested informatilisted below:  Check here if the applicant has submitted an HWC, Compliance History Form 2540-FM-LRWM0058. Indicate date HWC with 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  Phase Pal Summary Citation  Notice of Violation  Chil Penalty Assessment City Penalty  Amount of Fines or Penalties  Explanation  Permit/License ID # Issuing Authority Issuing Agency Name Date of Action Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Civil Penalty Assessment City Penalty  Amount of Fines or Penalties  Amount of Fines or Penalties  Amount of Fines or Penalties	PART E2 - COMP	LIANCE HISTOR	Y - ENFORCEMENT	ACTIONS	
Pennsylvania Agency or Federal Agency in the past five (5) years. For each action taken, provide the requested informatilisted below:  Check here if the applicant has submitted an HWC, Compliance History Form 2540-FM-LRWM0058. Indicate date HWC we 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  PA Summary Citation Notice of Violation Civil Penalty Assessment Civil Penalty  Amount of Fines or Penalties  Explanation  PA Date of Action Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Type of Action  Civil Penalty  Amount of Fines or Penalties  Explanation  PA Date of Action  Type of Action  Type of Action  Civil Penalty Assessment Civil Consent Order					ns issued against them by an
submitted:	Pennsylvania Agend	pplicant or owner(s) Hay or Federal Agency in	AS had any environmental of the past five (5) years. For e	enforcement actions each action taken, pro-	issued against them by any vide the requested information
Permit/License ID # Issuing Authority Issuing Agency Name Date of Action  Pederal Summary Citation Notice of Violation Civil Penalty Assessment Civil Penalty Sessment Civil Penalty  Amount of Fines or Penalties  Explanation  Permit/License ID # Issuing Authority Issuing Agency Name Date of Action Type of Action  Permit/License ID # Summary Citation Notice of Violation Notice of Violation Notice of Violation Notice of Violation Civil Penalty Assessment Civil Penalty Order Consent Order Co	submitted:	H	the applicant has complete	orm 2540-FM-LRWM0 d an HWC, only was	0058. Indicate date HWC was te transportation enforcemen
Federal   Notice of Violation   Civil Plenalty Assessment Circums of Fines or Penalties   Permit/License ID # Issuing Authority Issuing Agency Name   Date of Action   Type of Action   Pa	Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
Permit/License ID # Issuing Authority Issuing Agency Name Date of Action Type of Action  PA Summary Citation Notice of Violation Notice of Violati	toward of Flore or Donor	☐ Federal			Notice of Violation Civil Penalty Assessment Administrative Order Consent Order Court Order Consent Assessment Civil
PA Summary Citation Notice of Violation Ovid Penathy Assessment City Penathy Assessment City Penathy Assessment City Penathy Assessment City Penathy Samount of Fines or Penathies					
Federal   Notice of Violation   Old Plenatly Assessment   Administrative Order   Consent Order   Consent Order   Consent Assessment Cl   Penalty	Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
	v			9	Notice of Violation Civil Penalty Assessment Administrative Order Consent Order Court Order Consent Assessment Civil
Explanation	Amount of Fines or Pena	Ities			
	Explanation				
	Explanation				

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 <u>Complete (Active, Inactive, Revoked) List of Waste Transportation Authorizations</u> (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 <u>WTSP violations and enforcement actions</u> (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

	of this Page if Necessary PLIANCE HISTORY	- ENVIRONMENTAL	Applicant Name CRIMES	
Check here if the a years. Go to Part F		VE NOT BEEN CONVICTED	of any environmental	crimes in the past five (5
Check here if the ap	oplicant or owner(s) HAS to ovide the requested information	BEEN CONVICTED of any enation below:	vironmental crimes in the	ne past five (5) years. Fo
Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
	PA (Other State) Federal			☐ Misdemeanor ☐ Felony
Location Where Violation	n Occurred		Sentence Imposed	
_				
Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
	(Other State)			☐ Felony
Location Where Violation	n Occurred		Sentence Imposed	
Total Fines and Costs _				
Explanation				
		Sample A	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 R Application	ev. 11/2011			
Make Additional Copies	of this Page if Necessary		Applicant Name	
PART E3 - COMP	LIANCE HISTORY	– ENVIRONMENTAL		
Check here if the a years. Go to Part F		VE NOT BEEN CONVICTED	of any environmental	crimes in the past five (5)
	plicant or owner(s) HAS I	BEEN CONVICTED of any eration below:	nvironmental crimes in the	he past five (5) years. For
Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
	□ PA			Misdemeanor
	(Other State)		,	☐ Felony
	☐ Federal			
Location Where Violation	_		Sentence Imposed	
				*
Explanation				
Permit/License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
	□ PA			☐ Misdemeanor
				Felony
	(Other State)			
	☐ Federal			
Location Where Violation	Occurred		Sentence Imposed	
Total Fines and Costs				
		Sample	Application	n Do Not Use
		Sample	Application	אס אטני ספר וו
		-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

2560-PM-BWM00015b Rev. 11/2011 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) pro actions taken by the Department of Environmental Protection. I unless and until I notify the Department by certified mail of any chall certify that the applicant is either the owner of these vehicles or c	consent that mail service satisfies all requirements for service nge of mailing address(es).
exclusively use the vehicles to transport municipal or residual waste	
I certify that these vehicles have current safety inspections with and/or federal requirements for interstate commerce.	a certificate of inspection valid for the base registration state
I certify that these vehicles have insurance that meets the minimular for intrastate or interstate operation.	um state and/or federal requirements for financial responsibility
I certify under penalty of law that ALL information contained he misstatement of fact is a misdemeanor of the third degree punish (18 PA. C.S. Section 4904[b]).	
Print Name of Responsible Person	, 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 – 14 <sup>th</sup> Floor 400 Market Street Harrisburg, PA 17101-2301
Attached is a check or money order made payable to the calculated in Part B, Fleet Authorization Information.	e "Commonwealth of Pennsylvania" for the total fee amount
	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

2560-PM-BWM00015b Rev. 11/2011 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 actions taken by the Department of Environmental Protection unless and until I notify the Department by certified mail of any	s) provided herein, for service by first class mail of all requests and in. I consent that mail service satisfies all requirements for service y change of mailing address(es).
I certify that the applicant is either the owner of these vehicles exclusively use the vehicles to transport municipal or residual	s or currently has a valid contract with the owner of these vehicles to waste.
I certify that these vehicles have current safety inspections and/or federal requirements for interstate commerce.	with a certificate of inspection valid for the base registration state $$
I certify that these vehicles have insurance that meets the m for intrastate or interstate operation.	ninimum state and/or federal requirements for financial responsibility
I certify under penalty of law that ALL information containe misstatement of fact is a misdemeanor of the third degree p (18 PA. C.S. Section 4904[b]).	od herein in TRUE and CORRECT and that I understand that any unishable by a fine up to \$2,500 and/or imprisonment up to 1 year
Print Name of Responsible Person	First Mi
Signature	
Title	Date
Contact DEP	<del>.</del>
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	Courier PA Department of Environmental Protection Bureau of Waste Management Division of Reporting and Fee Collection Rachel Carson State Office Building – 14 <sup>th</sup> Floor
P.O. Box 8550 Harrisburg, PA 17105-8550	400 Market Street Harrisburg, PA 17101-2301

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



**Sample Application Do Not Use** 

### **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

