



Connecticut Department of Energy & Environmental Protection
 Bureau of Materials Management & Compliance Assurance
 Waste Engineering & Enforcement Division

Permit Application for Waste Transportation

Please complete this form in accordance with the [instructions](#) (DEEP-WEED-INST-400), section 22a-454 CGS for hazardous waste transportation and section 22a-209-15 RCSA for biomedical waste transportation, in order to ensure the proper handling of your application. Print or type unless otherwise noted.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Waste Transporter	

Part I: Application Type and Description

Check the appropriate box identifying the application type.

This application is for (check one): <input type="checkbox"/> A <i>new</i> permit <input type="checkbox"/> A <i>renewal</i> of an existing permit	For renewals: 1. Existing transporter permit #: 2. EPA ID number: 3. U.S. DOT #:
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Part II: Permit Type and Fee Information (check all that apply)

<input type="checkbox"/> Hazardous Waste Transporter (RCRA and non-RCRA) <input type="checkbox"/> \$940.00 (one-year permit) [#263] <input type="checkbox"/> \$2,820.00 (three-year permit) [#264]	<input type="checkbox"/> \$1,880.00 (two-year permit) [#265] <input type="checkbox"/> \$3,760.00 (four-year permit) [#262]
<input type="checkbox"/> Spill Clean-Up Contractor <i>(you must also apply for a one year Hazardous Waste Transporter Permit)</i>	\$940.00 (one-year permit) [#351]
<input type="checkbox"/> Biomedical Waste Transporter	\$1,750.00 (two-year permit) [#345]
The above fees are to be submitted for each permit that you are applying for. The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.	

Part III: Applicant Information

- **If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database, CONCORD. (www.concord-sots.ct.gov/CONCORD/index.jsp)*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*
- *If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003.*

<p>1. Applicant Name:</p> <p>Mailing Address:</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext.: _____</p> <p>Contact Person: _____ Phone: _____ ext. _____</p> <p>*E-mail: _____ Fax: _____</p> <p>*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.</p> <p>a) Applicant Type (check one):</p> <p><input type="checkbox"/> individual <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> municipality <input type="checkbox"/> tribal</p> <p><input type="checkbox"/> *business entity (*If a business entity complete i through iv):</p> <p>i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership</p> <p> <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____</p> <p>ii) provide Secretary of the State business ID #: _____ This information can be accessed at CONCORD. (www.concord-sots.ct.gov/CONCORD/index.jsp)</p> <p>iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.</p> <p>iv) what is the date of incorporation: _____</p> <p><input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.</p> <p>2. Applicant's Location Address, if different than the mailing address listed above.</p> <p>Address:</p> <p>City/Town: _____ State: _____ Zip Code: _____</p>
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Part III: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

Fax:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

Fax:

5. How many legal owners of the business? _____

Identify all legal owners, their ownership type and if a corporation, list the names and titles of all corporate officers in **section 1 of Attachment E**.

6. Does the applicant or owner(s) stated in item 5, including all partners and corporate officers, engage in other activities or own other companies that transport, treat, store, recover, or dispose of oil and chemical waste, hazardous waste, and/or biomedical waste? Yes No

If yes was checked, identify the owners of such companies or activities, the name of the company, the company address and the type of activities performed in **section 2 of Attachment E**.

7. List the **number of waste transportation sites** that the applicant operates in Connecticut: _____

Identify the managers and addresses of each of the **waste transportation** sites located in Connecticut in **section 3 of Attachment E**.

Part IV: Activity or Company Information

Type of Business

1. Check the appropriate box(es) for all waste types that the applicant is in the business of transporting or proposes to transport:

[Non-RCRA Hazardous Waste](#) [RCRA Hazardous Waste](#) [Biomedical Waste](#)

2. Will the applicant engage in the transfer of hazardous waste from one vehicle to another or one mode of transport to another in the State of Connecticut? Yes No

If you answered yes, then you must also apply for a CGS Section 22a-454 Waste Facility permit. For assistance in applying for this permit, or if you have questions on this process, please contact the Bureau of Materials Management and Compliance Assurance at 860-424-3366.

General Information

3. Do you desire to be on our Public List of Waste Transporters? Yes No

Part V: Supporting Documents

Be sure to read the instructions (DEEP-WEED-INST-400) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- Attachment A: *List of Transporter Permits Held in Other States* (DEEP-WEED-APP-401)
- Attachment B: *Vehicle List* (DEEP-WEED-APP-402)
- Attachment C1: *List of Wastes: Non-RCRA Hazardous Waste* (DEEP-WEED-APP-403)
- Attachment C2: *List of Wastes: RCRA Hazardous Waste* (DEEP-WEED-APP-404)
- Attachment C3: *List of Wastes: Biomedical Waste* (DEEP-WEED-APP-405)
- Attachment D: *Spill Clean-up Contractor Application* (DEEP-WEED-APP-407)
- Attachment E: *Owner Information* (DEEP-WEED-APP-408)
- Attachment F: [Applicant Compliance Information Form](#) (DEP-APP-002)
- Attachment G: Certificate of Insurance and MCS-90 Forms
 - Include an original copy of the **Certificate of Insurance** listing as the certificate holder: the Connecticut Department of Energy and Environmental Protection, Bureau of Materials Management and Compliance Assurance, 79 Elm Street, Hartford, CT 06106-5127.
 - Include an MCS-90 Endorsement to the policy(ies) identified on the Certificate of Insurance to verify that the applicant has met the minimum levels of financial responsibility as required by 49 CFR Part 387, and RCOSA Section 22a-209(15)(g)(4) if applying for a Biomedical Waste Transporter Permit.

Part VI: Application Certification

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this permit application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the completed Application Form, Fee, and all Supporting Documents (including Certificate of Insurance and MCS-90 forms) to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Attachment C1: List of Wastes

Non-RCRA Hazardous Waste:

Applicant Name:

(as indicated on the Application Form)

Complete the table by listing the type(s) of waste intended to be transported and the waste disposal information:

Waste Number	Waste Name	Physical and Chemical Characteristics of Waste	Waste Management Facility Name and Address	Facility Management Method(s)

Check here if additional sheets are necessary, and label and attach them to this sheet.

Attachment C2: List of Wastes

RCRA Hazardous Waste [CGS Section 22a-449(c)]:

Applicant Name:

(as indicated on the Application Form)

Complete the table by listing the type(s) of waste intended to be transported and waste disposal information:

EPA Waste Number	Waste Management Facility Name and Address	Facility Management Method(s)
<input type="checkbox"/> All HW per 40 CFR 261 <input type="checkbox"/> Specific Waste Codes [List each]: <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> All HW per 40 CFR 261 <input type="checkbox"/> Specific Waste Codes [List each]: <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> All HW per 40 CFR 261 <input type="checkbox"/> Specific Waste Codes [List each]: <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> All HW per 40 CFR 261 <input type="checkbox"/> Specific Waste Codes [List each]: <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> All HW per 40 CFR 261 <input type="checkbox"/> Specific Waste Codes [List each]: <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> All HW per 40 CFR 261 <input type="checkbox"/> Specific Waste Codes [List each]: <input type="checkbox"/> Not Applicable		

Check here if additional sheets are necessary, and label and attach them to this sheet.

Attachment C3: List of Wastes

Biomedical Waste [CGS Section 22a-208(a)]:

Applicant Name:

(as indicated on the Application Form)

Complete the table by listing the type(s) of waste intended to be transported and waste disposal information:

Type of Waste (e.g., chemotherapy waste, pathological waste, other, etc.)	Facility Name and Address	Facility Type (e.g., biomedical waste transfer facility, transfer station, etc.)

Check here if additional sheets are necessary, and label and attach them to this sheet.

Attachment D: Supplemental Application for Spill Clean-Up Contractors

1. Applicant Name:
(as indicated on the Application Form)

2. Company Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Answering Service Phone:

24-hour Phone Numbers:

List of Supervisors:

List of Full-time Employees:

3. Estimate the number of days in the past year that your company was operating out of state:

4a. Spill Clean-Up Contractor Minimum Equipment List, Training and Certification

All of the equipment on the following list is required for those companies applying for a spill-cleanup contractor permit from the Connecticut Department of Energy and Environmental Protection. Any deviation from this 'Minimum Equipment List' should be denoted in the space provided at the end of this list. The Department considers this list as the minimum acceptable equipment required for a spill cleanup contractor.

The information contained herein is to be used for permitting purposes. Applicants should use this list only as a guideline for obtaining a permit to perform clean-up activities in response to minor to moderately sized petroleum releases. ***This list does not include equipment necessary to respond to a chemical or substantial petroleum release*** and should not be considered a comprehensive list in itself. There are many additional equipment items that may be necessary for a spill cleanup contractors to carry out routine spill response work in a safe and effective manner.

Check each box as verification that each requirement has been met.

Section 1 – Containment Equipment

- A. 250 feet of skirted containment or hard boom with 4 inch freeboard
- B. 40 bales of sorbent pads
- C. 20 bales of sorbent boom
- D. 40 bags of "speedi-dri" or equivalent absorbent material
- E. Plug and patch equipment

Attachment D: Supplemental Application for Spill Clean-Up Contractors (continued)

Section 2 - Boats:

- A. Minimum boat length is 14 feet and suitable to maneuver a boom
- B. Minimum boat engine size is 15 HSP
- C. Personal floatation devices (PFDs) for each responder
- D. Foul weather "Mustang type floatation suit" for each responder

Section 3 - Removal Equipment

- A. Vacuum truck with minimum tank capacity of 3000 gallons
- B. 200 feet of 2 inch vacuum hose with "ever-titer style" connectors
- C. Assorted couplings, reducers, and adapter fittings for above hose
- D. 20 55-gallon "DOT 55H" drums
- E. 5 85-gallon over pack drums any type
- F. Hand tools (brooms and shovels)
- G. Sampling equipment (bailers, sample containers and labels)

Section 4 - Personal Protective Equipment

- A. FPA/OSHA approved helmets with face shield (for each responder)
- B. NFPA/OSHA approved bunker coat and pants (for each responder)
- C. NFPA/OSHA approved steel toe fire boots (for each responder)
- D. NFPA/OSHA approved fire fighting gloves (for each responder)
- E. NFPA/OSHA approved Nomex hood (for each responder)
- F. Tyvek or Equivalent disposable outer wear (min. 6 cases)
- G. Saranex or equivalent disposable outer wear (min. 6 cases)
- H. Disposable rubber over boots (min. 6 cases)
- I. Approved hardhats, shoes, eye protection and safety vests are available for all response personnel
- J. LEL / O2 METER for use on highway accident scenes
- K. Vehicle grounding capability
- L. 4 Self Contained Breathing Apparatus (SCBAs)
- M. 4 Respirators with appropriate cartridges

Section 5 - Training and Certification

- A. All Responders trained in all aspects of 20 CFR 1910.120
- B. All Responders trained to Hazardous Materials Technician level
- C. All Responders are trained in Incident Command System
- D. All Responders have photo identification showing training certification
- E. All Responders participate in a Health Monitoring Program

Section 6 - Communications Equipment / Safety

- A. One handheld radio per vehicle
- B. One mobile radio per vehicle
- C. Cellular phones systems maybe substituted for A or B
- D. All communications equipment will be intrinsically safe
- E. All response vehicle are equipped with "yellow flashing" safety lights

Section 7 - Manpower / Special

- A. A minimum of four properly trained responders
- B. Phone communication capability 24 hours/day
- C. All Responders can be reached 24 hours/day

Attachment D: Supplemental Application for Spill Clean-Up Contractors (continued)

Section 8 - Insurance					
<input type="checkbox"/> Company has sufficient insurance coverage as dictated by industry standards					
Provide comments if needed concerning the required minimum equipment list.					
4b. Additional Spill Response Equipment Please list and provide the requested information below for each additional piece of equipment. All equipment must be currently owned by the applicant.					
a. Containment Equipment					
Floating Barriers	Make/model	Flotation Collar Diameter	Length of section	Skirt length	Total Length
Boats	Make/model	Length			
Motors	Make/model	Horsepower			

Attachment D: Supplemental Application for Spill Clean-Up Contractors (continued)

4b. Equipment List (continued)

b. Removal Equipment					
Skimmers	kind	size	H.P.	No.	
Hose	Size	Length	No.		
Adaptors	Size	No.			
Reducers	Size	Description	No.		
Fittings	Kind	No.			
Separation vehicles	Description				
Vacuum trucks	Type	Tank Cap	No.		

Attachment D: Supplemental Application for Spill Clean-Up Contractors (continued)

4b. Equipment: (continued)

c. Separation Equipment			
Tank Trucks	Size	No.	
Barge	Size	No.	
Storage Tanks	Size	No.	Location
d. Clean-up Equipment			
Bulldozer	No.		
Grader	No.		
Front-end Loader	No.		
Steam Jenny	No.		

Attachment D: Supplemental Application for Spill Clean-Up Contractors (continued)

5. List all Equipment Storage Areas

Type: 24-Hour Phone #:

Address:

6. List Equipment Maintenance Area

Type:

24-hour Phone Numbers:

Describe type of treatment facilities available for wastes generated from:

Vehicle washing (interior and exterior):

Boom cleaning:

Miscellaneous equipment cleaning:

Attachment D: Supplemental Application for Spill Clean-Up Contractors (continued)

7. List Name and Address of Disposal Sites:

Private Site:

Public Site:

Other Arrangements (description):

8. Employee Training

Check the box below for verification that the following requirements have been met.

Employers/Employees involved in the post-emergency response clean-up of hazardous substances are in compliance with and familiar with all applicable requirements of Title 29 of the Code of Federal Regulations (CFR). The requirements under Title 29 CFR include: Part 1910.120-(L), (1), Emergency response; (L), (3), Off-site emergency response-training; (L), (5), Post-emergency response operations.

Applicant Certification

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that the information contained in this form is complete and accurate on forms as prescribed by the commissioner without alteration of the text.

I also certify that all employers/employees have been trained to OSHA 1910.120 technician level prior to responding to emergency sites. “

Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Attachment E: Owner Information

Section 1

How many legal owners of the business? _____

- a. Identify all legal owners, their ownership type and if a corporation list the names and titles of all corporate officers

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Owner Type (check one): Proprietorship Partnership Corporation

- b. If a corporation, complete the following:

Date of Incorporation:

City:

State:

List the names, titles and addresses of all corporate officers:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Title:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Title:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Title:

E-mail:

Check here if additional sheets are necessary, and label and attach them to this sheet.

Attachment E: Owner Information (continued)

Section 2

Does the applicant or owner(s) stated in section 1, including all partners and corporate officers, engage in other activities or own other companies that transport, treat, store, recover, or dispose of oil and chemical waste, hazardous waste, and/or biomedical waste? Yes No

If yes was checked, identify the owners of such companies or activities, the name of the company, the company address and the type of activities performed.

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

Section 3

List the number of waste transportation sites that the applicant operates in Connecticut: _____

Identify the managers of each of the sites located in Connecticut.

Name:

Site Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Name:

Site Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Name:

Site Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Check here if additional sheets are necessary to complete sections 2 or 3, and label and attach them to this sheet.