



PO Box 128
Coalville UT 84017
Phone 435-336-3222 / Fax 435-336-3286

Liquid Waste Transportation Application

Company Name: _____ Phone: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Name of Responsible Person: _____ Title: _____

Emergency Phone: _____ Cell Phone: _____

Vehicle Storage Location: _____

Estimated Gallons/Day: _____

<u>Document Submission</u>	<u>(Answer-Yes/No)</u>	<u>Received</u>
Surety/Escrow Fund	_____	_____
Operation & Safety Plan	_____	_____
Procedure/Decontamination	_____	_____
Safety Kit Description	_____	_____

Indicate Number of Vehicle Permits Requested (\$100.00 each): _____

Permit Approval: _____ Date: _____

Vehicle List

Vehicle #	Vehicle License #: _____	_____
	Vehicle Make/Year: _____	Permit # _____
	Vehicle Capacity: _____	Date Issued _____
	General Description of Vehicle: _____	

	Inspection Date: _____	Pass/Fail _____

<p>PAID</p> <p>Rec #: _____</p> <p>Date: _____</p> <p>Amt. _____</p>
