



CITY OF RICHMOND  
DEPARTMENT OF PUBLIC UTILITIES



**PRETREATMENT PROGRAM  
WASTE HAULER PERMIT APPLICATION**

**Company Identification**

**Name of Company:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Vehicle Identification Number: \_\_\_\_\_

Color/Labeling: Cab \_\_\_\_\_ Tank Color: \_\_\_\_\_

Tank Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Vehicle Identification Number: \_\_\_\_\_

Color/Labeling: Cab \_\_\_\_\_ Tank Color: \_\_\_\_\_

Tank Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Vehicle Identification Number: \_\_\_\_\_

Color/Labeling: Cab \_\_\_\_\_ Tank Color: \_\_\_\_\_

Tank Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ Vehicle Identification Number: \_\_\_\_\_

Color/Labeling: Cab \_\_\_\_\_ Tank Color: \_\_\_\_\_

Tank Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

*If more than three vehicles are to be permitted, include the information on all other vehicles on a separate page and attach to this application.*

**Waste Transport Information**

List all sites where waste is being disposed of:

Disposal Site	Address and Phone Number

Does this vehicle transport any wastes other than household septic tank wastes?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, list the other types of wastes (i.e., oil & grease, motor oil, chemical wastes, chemical toilets, etc.) and from where they originate (i.e. industry, restaurant, gas station, etc.) and type of system the waste is removed from (i.e., grease trap, holding sump, oil/waste separator, etc.):

Type of Waste	Location and Type of System

**Permit Information**

List all other permits or authorizations for the disposal of any wastes mentioned above:

Issuing Agency	Number	Expiration Date	Permit Type

List any Civil and/or Administrative actions taken against this company for any violation of waste disposal regulations in the last five (5) years.

Offense/Action	Date of Citation

Applicant shall provide with the application, a copy of a current **VIRGINIA DEPARTMENT OF HEALTH REGISTRATION** (indicating the City of Richmond as a location) for each vehicle being permitted.

I have personally examined and am familiar with the information contained in this application and believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

\_\_\_\_\_  
Company (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Title

For Official Use Only.

Personal Identification No: \_\_\_\_\_

Vehicle License No: \_\_\_\_\_

Personal Identification No: \_\_\_\_\_

Vehicle License No: \_\_\_\_\_

Personal Identification No: \_\_\_\_\_

Vehicle License No: \_\_\_\_\_