



SEPTAGE HAULER PERMIT APPLICATION

Name of Business: _____

Address: _____

Owner: _____ Main Contact: _____

Telephone #: _____ Fax #: _____

E-mail: _____

◆ **Vehicle #1** Make, Model & Year: _____

Registration No. _____ Truck Capacity: _____ gallons

Last date of the Department of Motor Vehicles Inspection: _____

ME Nonhazardous Waste Transporter No. _____, Circle Type → A, B, C Expiration Date. _____

Does this vehicle have an operating Sight Gauge/Glass/Tube? _____yes _____no

Does sight gauge/glass/tube have volume marked in gallons? _____yes _____no

State(s) vehicle is registered in: _____

Do you have an insurance policy for this vehicle? _____yes _____no

◆ **Vehicle #2** Make, Model & Year: _____

Registration No. _____ Truck Capacity: _____ gallons

Last date of the Department of Motor Vehicles Inspection: _____

ME Nonhazardous Waste Transporter No. _____, Circle Type → A, B, C Expiration Date. _____

Does this vehicle have an operating Sight Gauge/Glass/Tube? _____yes _____no

Does sight gauge/glass/tube have volume marked in gallons? _____yes _____no

State(s) vehicle is registered in: _____

Do you have an insurance policy for this vehicle? _____yes _____no

◆ **Vehicle #3** Make, Model & Year: _____

Registration No. _____ Truck Capacity: _____gallons

Last date of the Department of Motor Vehicles Inspection: _____

ME Nonhazardous Waste Transporter No. _____, Circle Type: A, B, C Exp. Date: _____

Does this vehicle have an operating Sight Gauge/Glass/Tube? _____yes _____no

Does sight gauge/glass/tube have volume marked in gallons?_____yes _____no

State(s) vehicle is registered in: _____

Do you have an insurance policy for this vehicle? _____yes _____no

**** Proof of minimum \$500,000 liability insurance to be included with completed application. The Lewiston-Auburn Clean Water Authority must a Certificate Holder so that if at any time the insurance has lapsed the Authority will be notified.**

OWNER CERTIFICATION:

I certify that the information submitted is to the best of my knowledge true, accurate, and complete. I am aware that the possibility of revocation of this permit will be the penalty for submitting false information.

Signature of Owner

Date

All information is subject to verification by Authority personnel upon receipt of this completed application. Any denied application may be appealed to the Authority's Board of Directors if such a request is received in writing by the Authority within 30 days of your notification of denial. All decisions by the Board shall be final.

-----Office Use Only-----

Date Received by the Authority _____

Date Approved _____

Permit No. _____

Date Denied _____