

## Application for Grease Hauler Registration

Pursuant to Appendix C, PCWRA Rules and Regulations, information on the completed application will be verified

SECTION A - GENERAL INFORMATION		
<b>1. Business Name:</b>		
<b>2. Type of Business:</b>		
<b>3. Business Address (no P.O. Box):</b>		
City:	State:	Zip:
Phone #:	Fax #:	Email:
<b>4. Mailing Address:</b>		
City:	State:	Zip:
<b>5. Designated signatory authority of the business:</b>		
Name:	Title:	
City:	State:	Zip:
<b>6. Has your business been issued any penalties and/or fines relating to the hauled waste business?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>7. Colorado State License/Permit # _____ Date of Issuance _____ Expiration Date _____</b> Please attach a copy of the issued Colorado State Waste Hauling License to this Application.		
<b>8. List all Licenses, permits, contracts that are currently held in the association of conducting grease removal, hauling and disposal activity.</b>		
<b>License/Permit/Contract Type</b>	<b>License/Permit/Contract Number</b>	<b>Issuing Agency</b>
Example: Waste Grease Disposal	#2012-123	Denver Metropolitan Wastewater

**APPLICATION FOR GREASE HAULER PERMIT**

**SECTION B – SERVICE INFORMATION**

**1. Indicate service(s) provided by this business. Check all that apply.**

<input type="checkbox"/> Pump Grease Interceptors	<input type="checkbox"/> Pump Portable Toilets
<input type="checkbox"/> Pump Septic Tanks	<input type="checkbox"/> Provide Additional Plumbing Services
<input type="checkbox"/> Pump Vault Toilets	<input type="checkbox"/> Provide Treatment for Grease Wastes at a Separate Facility
<input type="checkbox"/> Other Pumping and/or Hauling Service	

**2. List all vehicles that will be used to pump or transport grease waste.**

Vehicle Make/Model	License Tag Number	Vehicle Capacity (Gallons)

**3. List all sites that are currently being used or anticipated to be used for the disposal of grease wastes.**

Business Name	Business Address	Business Telephone

**APPLICATION FOR GREASE HAULER PERMIT**

**SECTION C – INSURANCE INFORMATION**

1. **Attach proof of an insurance policy or surety bond demonstrating that the business has the ability to respond to damages resulting from the transportation of fats, oils, and/or grease generated or attributable to the preparation, processing or disposal of foods or food products.**

**SECTION D – AUTHORIZED SIGNATURES**

***Authorized Representative Statement:***

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (Please Print)

Title

Signature

Date

Phone