

HAZARDOUS WASTE TRANSPORTER REGISTRATION APPLICATION

1. Name of Legal Entity (Individual, Partnership, Corporation, or Limited Liability Company):	2. Transporter Registration Number (If renewal or reinstatement)
--	--

3. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles):	4. Application Type (check one): <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Renewal <input type="checkbox"/> Midyear Amendment
--	---

5. Business Address Number/Street	City	County/Province	State/Country	Zip/Postal Code
--	-------------	------------------------	----------------------	------------------------

6. Mailing Address (If different) P.O. Box/Street	City	County/Province	State/Country	Zip/Postal Code
--	-------------	------------------------	----------------------	------------------------

7a. Telephone Number (Ext. Number) ()	8. Transporter Identification Number. List all of the 12-character identification numbers that your business uses to transport hazardous waste. If necessary, list additional identification numbers on a separate sheet.
---	--

7b. Fax Number ()	
---------------------------------	--

7c. E-mail Address	
---------------------------	--

9. Other Business Address(es) - List all locations from which you will operate under this registration: (If necessary, list additional business addresses on a separate sheet.)

Number/Street	City	County/Province	State/Country	Zip/Postal Code

10. Ownership of Business (Check one):
 Sole Proprietorship Partnership Corporation Limited Liability Company Other _____

If a Sole Proprietorship or Partnership, list name(s) or title(s) of all members. If you have no California locations, include an Agent For Service of Process.
 If a Corporation or Limited Liability Company, list name(s) and title(s) of officers including Agent for Service of Process.

Name	Title

Name and Address of Agent for Service of Process:

Note: Transportation of hazardous waste without proper registration and public liability insurance is a violation of the Health and Safety Code, Sections 25163 and 25169, and may subject you to significant penalties.

11. I understand and will comply with all the applicable hazardous waste transportation requirements including Chapter 6.5, Division 20, of the California Health and Safety Code; Chapter 13, Division 4.5, Title 22, California Code of Regulations; and federal laws and regulations governing the use of manifests. I certify under penalty of perjury to the accuracy of all statements made herein.

Name and Title of Authorized Representative (print or type): _____

Signature of Authorized Representative Use blue or other non-black ink. Date

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

HAZARDOUS WASTE TRANSPORTER REGISTRATION APPLICATION

1. **NAME OF LEGAL ENTITY** - Enter the name under which you are applying for the registration. You must complete both lines 1 and 3 even if they are the same.
2. **TRANSPORTER REGISTRATION NUMBER** - For new application, leave blank. For renewal, Reinstatement, or Midyear Amendment, enter your current Registration Number.
3. **BUSINESS NAME-**
 - Enter the name, the “DBA” (doing business as) name, or fictitious name under which you are doing business. This will be the same name that will appear on the Registration Certificate issued by DTSC, the Certificate of Insurance for Public Liability Coverage (Form DTSC 8038), and the Endorsement for Motor Carrier Policies of Insurance for Public Liability (Form MCS-90).
 - If you have more than one DBA or fictitious name, you must apply for a separate registration for each DBA or fictitious name under which you will transport hazardous waste.
 - The name (or logo) shown on the registration certificate **MUST** be displayed on all vehicles, and must be shown on the California Uniform Hazardous Waste Manifest.
4. **APPLICATION TYPE** - Check one box for appropriate application type.
5. **BUSINESS ADDRESS** - Enter the complete business address.
6. **MAILING ADDRESS** - Enter the complete mailing address.
7. **CONTACT NUMBERS** - Enter the telephone number, fax number and e-mail address of the business contact person.
8. **TRANSPORTER IDENTIFICATION NUMBER (Also Known as EPA ID Number)** - You must have an identification number to transport hazardous waste. Current identification numbers consist of three letters followed by nine digits. Previous/early federally-issued identification numbers consist of two letters followed by ten digits.
 - If you plan to transport non-RCRA hazardous waste and do not have an identification number, complete DTSC Form 1358 and submit to DTSC along with your application for registration. DTSC will assign an identification number to you and place this number on your application.
 - If you plan to transport RCRA hazardous waste, you must submit the EPA Form No. 8700-12 to the United States Environmental Protection Agency (U.S. EPA), Region IX, 135 Main Street, Suite 1800, San Francisco, CA 94105. Indicate on the registration application that the identification number is pending, submit your application to DTSC and call to report the identification number when it is issued.
 - For transporters with more than one identification number, list all identification numbers that your business uses to transport hazardous waste. If necessary, list additional identification numbers on a separate sheet.
9. **OTHER BUSINESS ADDRESS(ES)** -
 - If you have more than one business location, list all the following applicable locations:
 - Terminals, transfer facilities, or other locations from which you intend to operate under this registration.
 - All locations at which you regularly park any of your vehicle(s) or containers used to transport hazardous waste.
 - All locations at which business and operating records relating to your hazardous waste activities can be found. These records should include, but are not limited to, manifests and other shipping papers, driver’s logs, vehicle maintenance records, licenses, permits, and registrations.
10. **OWNERSHIP OF BUSINESS** - Check one box.
 - Sole proprietorship and Partnership,: list name(s) and title(s) of all members. If you have no California locations, include an agent for service of process (the person authorized to accept legal service).
 - Corporation and Limited Liability Company: list name(s) and title(s) of officers, including agent for service of process (the person authorized to accept legal service and whose name is shown on the Articles of Incorporation).
 - Other: Please describe.
11. The business owner or officer who is authorized to make decisions for the business shall sign in the space provided using blue or other non-black ink. Enter the full printed name and title of the person signing the form, and the date that the form was signed.