

Waste Transporter Identification Application Form

Name of Applicant:					
Business Address:					
Phone Numbers: Business			Mobile		
Primary Contact Name:					
New Application	Renewal		Additional Vehicles		
Type of waste hauled and shall submit an estimate of		•	ear for the la	st three yea	rs . A new business
Type of Waste Hauled			Δ	verage Annı	ual Volume (gallons)
Proposed Vehicles:					
Make/Model	State I	License Plate	IL Dept of	Ag Class 2	Tank Volume
	<u> </u>		Permit No		(gallons)

Attach insurance certificates:	Proof of comprehen	sive general liability a	and auto liability in	surance which	
includes DGSD as an additiona	l insured and include	es provisions for infor	ming DGSD ten da	rys prior to the	
time of policy cancellations o	r renewals. Permit	tees shall maintain g	general liability in:	surance in the	
amount of \$1,000,000 and automobile liability insurance in the amount of \$250,000/\$500,000.					

The undersigned hereby certifies that applicant's vehicles which are to discharge at the DGSD treatment plant are in compliance with all applicable laws and regulations applicable to waste transporters within the jurisdictions within which applicant operates.

Signature	Date
Name	Title