

# APPLICATION FOR INFECTIOUS WASTE TRANSPORTER

Please submit the following information along with the necessary documents as specified in the Davis County Infectious Waste Regulations.

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF RESPONSIBLE PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

VEHICLE STORAGE LOCATION: \_\_\_\_\_

ESTIMATED POUNDS/DAY: \_\_\_\_\_

<u>DOCUMENT SUBMISSION</u>	(ANSWER YES/NO)	RECEIVED BY DCHD
Surety/Escrow Fund	_____	_____
Operation & Safety Plan	_____	_____
Procedure/Decontamination	_____	_____
Safety Kit Description	_____	_____

INDICATE NUMBER OF VEHICLE PERMITS REQUESTED (\$50.00/EA): \_\_\_\_\_

PERMIT APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

## VEHICLE LIST

VEHICLE #	VEHICLE'S LICENSE NO. _____	PERMIT NO. _____
	VEHICLE'S MAKE/YEAR _____	DATE ISSUED _____
	VEHICLE'S CAPACITY _____	
	VEHICLE'S GENERAL DESCRIPTION _____	
	_____	
	INSPECTION DATE _____	PASS / FAIL

	PAID
REC. #	_____
DATE	_____
AMOUNT	_____

COMPANY NAME \_\_\_\_\_

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VEHICLE'S MAKE/YEAR \_\_\_\_\_

VEHICLE'S CAPACITY \_\_\_\_\_

VEHICLE'S GENERAL DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

PASS / FAIL

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DATE	_____
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