

REQUEST FOR SCAVENGER/SALVAGE OPERATOR'S PERMIT

ENVIRONMENTAL HEALTH SERVICES DIVISION

99 SOUTH MAIN STREET

P.O. BOX 618

FARMINGTON, UT 84025

Telephone 451-3296 fax 451-3122

Company Name _____ Phone No. _____

Address _____ Zip Code _____

Name of Responsible Person _____ Phone No. _____

.....

Indicate number of permits requested:

_____ Scavenger or Salvage Vehicle Permit (\$50.00/ea)

_____ Salvage Operator Permit/Type of Operation (\$25.00/ea)

Permit No.

Maintenance of Scavenger and/or Salvage Permit is predicated on compliance with the Regulation for the Control of Scavenger Operations and Salvage Operations. Permit(s) revocable for non-compliance.

Signature of Applicant _____

Title _____

Date _____

.....

Vehicle# **Vehicle's License No.** _____

Vehicle's Make/Year _____

Permit No

Vehicle's Capacity _____

Date Issue

Vehicle's General Desc. _____

Vehicle# **Vehicle's License No.** _____

Vehicle's Make/Year _____

Permit No

Vehicle's Capacity _____

Date Issue

Vehicle's General Desc. _____

Rec # _____

Date _____

Amt _____

Vehicle# Vehicle's License No. _____
 Vehicle's Make/Year _____ **Permit No**
 Vehicle's Capacity _____
 Vehicle's General Desc. _____ **Date Issue**

Vehicle# Vehicle's License No. _____
 Vehicle's Make/Year _____ **Permit No**
 Vehicle's Capacity _____
 Vehicle's General Desc. _____ **Date Issue**

Vehicle# Vehicle's License No. _____
 Vehicle's Make/Year _____ **Permit No**
 Vehicle's Capacity _____
 Vehicle's General Desc. _____ **Date Issue**

Vehicle# Vehicle's License No. _____
 Vehicle's Make/Year _____ **Permit No**
 Vehicle's Capacity _____
 Vehicle's General Desc. _____ **Date Issue**

Vehicle# Vehicle's License No. _____
 Vehicle's Make/Year _____ **Permit No**
 Vehicle's Capacity _____
 Vehicle's General Desc. _____ **Date Issue**