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|  | | | | **Notification Form for Transporters**  **of Solid Waste** | | | | | | | | | | | | | | | | | | | For Office Use Only | | | | | |
| Site ID # | | | |  | |
| DEQ Logo 2005 | | | | **Louisiana Department of Environmental Quality (LDEQ)** | | | | | | | | | | | | | | | | | | | AI # | | | |  | |
| **Office of Environmental Services (OES)**  **Public Participation and Permit Support Division** | | | | | | | | | | | | | | | | | | | Date Rec’d | | | |  | |
| **Public Participation and Permit Support Division (PPPSD)** | | | | | | | | | | | | | | | | | | | Rev’d by | | | |  | |
| **Notifications and Accreditations Section (NAS)** | | | | | | | | | | | | | | | | | | | Check No. | | | |  | |
|  | | | | | | | | | | | | | | | | | | | Amount | | | |  | |
| Phone (225) 219-3244 or (225) 219-3300 | | | | | | | | | | | | | | | | | | | Check Date | | | |  | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | |
| Submit this form to one of the following: | | | | | | | | | | | | | | | | | | |  | | | | | |
| *U.S. Mail Address*  NAS-PPPSD-OES  LDEQ  Post Office Box 4313  Baton Rouge, LA 70821-4313 | | | | | | | | | | | | | *Service Carrier or Hand-Delivery Address*  NAS-PPPSD-OES  LDEQ  602 N. 5th St.  Baton Rouge, LA 70802 | | | | | | | | | | | | | | | |
| **This notification form is to be submitted to the LDEQ by any person who moves solid waste off-site to a non-processing transfer station or a collection, processing, or disposal facility as defined in LAC 33:VII.115.A (excluding individuals who transport their own residential waste to a collection facility, non-processing transfer station, or permitted processing facility and/or solid waste landfill).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **THIS NOTIFICATION IS** *Check one* | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |
| The first for this transporter  A subsequent notification *List Agency Interest (AI) No.* | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | |
| *NOTE: See Detailed Instructions (p.3)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Company Name | | | |  | | | | | | Facility Name (if any) | | | | | | | | | |  | | | | | | |  |
|  | Mailing Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | City | |  | | | | | | | | | State | | | |  | | | | | | Zip | | | |  | |  |
|  | Physical Location/Description *Use Street Address* | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
|  | City |  | | | | | | | | Parish | |  | | | | | | | State | | |  | | | Zip |  | |  |
|  | Geographic Location | | | | | Latitude | | Degrees | |  | | | | | Minutes | |  | | | | | Seconds | | | |  | |  |
|  |  | | | | | Longitude | | Degrees | |  | | | | | Minutes | |  | | | | | Seconds | | | |  | |  |
|  | Contact Name | | | |  | | | | | | | | | | Contact Title | | |  | | | | | | | | | |  |
|  |  | | | |  | | | | | | | | | |  | | |  | | | | | | | | | |  |
|  | Contact Phone | | | | ( ) | |  | | | | | | | | Contact Fax | | | ( ) | | | | | |  | | | |  |
|  | Contact Email | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  |
|  | Property Owner’s Name | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |

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|  |  | | | |  | | | | | | | | | | |  |
|  | Property Owner’s Mailing Address | | | |  | | | | | | | | | | |  |
|  | City | |  | | | | | | | State |  | | Zip |  | |  |
|  | Waste to be Transported  *Check each applicable box* | | | | | | | | | |  | |  |  | |  |
|  |  | | | | | Special Wastes: | | | | |  | | | | |  |
|  | Industrial Waste | | | | | Asbestos | | | | |  | | | | |  |
|  | Residential & Commercial Waste | | | | | Medical Waste | | | | |  | | | | |  |
|  | Woodwaste | | | | | Grease Waste | | | | |  | | | | |  |
|  | Construction/Demolition Debris | | | | | Other, *Describe* | | | | |  | | | | |  |
|  | Vehicle Information  *For more than 4 vehicles, attach additional page(s) with the required information for each vehicle.* | | | | | | | | | | | | | | | |
|  | Vehicle | Make | | Model | | | Year | License Plate No. | | | | Registered Owner | | | | |
|  | 1 |  | |  | | |  |  | | | |  | | | | |
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|  | **Certification: I have personally examined and am familiar with the information submitted in this form and all attached documents, and I hereby certify, under penalty of law, that the submitted information is true, accurate and complete to the best of my knowledge. I am aware that by submitting this information and receiving any authorization numbers, I am subject to the requirements of LAC 33:VII.Subpart 1, which governs my activities. I am also aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.** | | | | | | | | | | | | | | | |
|  | Signature | | | | | | | |  | | | | | |  | |
|  | Typed or Printed Name | | | | | | | |  | | | | | |  | |
|  | Typed or Printed Title | | | | | | | |  | | | | | |  | |
|  | Date | | | | | | | |  | | | | | |  | |

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| **DETAILED INSTRUCTIONS FOR NOTIFICATION FORM FOR**  **TRANSPORTERS OF SOLID WASTE** | | | | |
|  |  | |  | |
|  | | **Company Name/Facility Name:** Enter the name of the transporter company; if there is a facility name enter it also. | |  |
|  | |  | |  |
|  | | **Mailing Address:** Enter the mailing address for the transporter company/facility. This office will mail all company/facility-related correspondence to this address. | |  |
|  | |  | |  |
|  | | **Physical Location/Description:** Enter the street address (***not Post Office Box***); highway number; or other specific identifiers; and the city, parish, state, and zip code to which the information on this form applies. | |  |
|  | |  | |  |
|  | | **Geographic Location:** Enter the latitude and longitude coordinates *to the second* for the location of the front gate of the transporter company/facility. | |  |
|  | |  | |  |
|  | | **Contact Name/Title:** Enter the name and title of the person to contact regarding information supplied on this form and other related matters. | |  |
|  | |  | |  |
|  | |  | |  |
|  | | **Contact Phone/Fax:**  Enter the phone number and fax number of the contact person. | |  |
|  | |  | |  |
|  | | **Contact Email:**  Enter the email of the contact person. | |  |
|  | |  | |  |
|  | | **Property Owner’s Name:** Enter thename(s) of the legal owner(s) of the property in which the site is located. Use an additional sheet to list multiple owners, if necessary. | |  |
|  | |  | |  |
|  | | **Property Owner’s Mailing Address:**  Enter the mailing address(es) of the owner(s) of the property. Use an additional sheet to list multiple owners’ mailing addresses, if necessary. | |  |
|  | |  | |  |
|  | | **Waste to be Transported:** Indicate type of waste to be transported by marking all applicable boxes. | |  |
|  | |  | |  |
|  | | **Vehicle Information:** Enter the make, model, year, license plate number, and registered owner of the vehicles that will be used to transport solid waste. For more than 4 vehicles, attach additional page(s) with the required information for each vehicle. | |  |
|  | |  | |  |
|  | | **Certification:** Provide the signature, typed or printed name, and typed or printed title of the individual authorized to sign the application, along with the date of signature. | |  |
|  | |  | |  |
| **NOTE: Effective June 1, 2022, there is no application fee for this activity. After the initial SW Transporter ID number is issued, you will be assessed $250 annually by the LDEQ’s Financial Services Division (FSD). For questions, contact FSD @** [**DEQ-invoices@la.gov**](mailto:DEQ-invoices@la.gov)**.** | | | | |