



Notification Form for Transporters of Solid Waste

**Louisiana Department of Environmental Quality (LDEQ)
Office of Environmental Services (OES)
Public Participation and Permit Support Division (PPPSD)
Notifications and Accreditations Section (NAS)**

Phone (225) 219-3244 or (225) 219-3300

For Office Use Only

Site ID #	
AI #	
Date Rec'd	
Rev'd by	
Check No.	
Amount	
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)

1. Company Name _____ Facility Name (if any) _____
2. Mailing Address _____
 City _____ State _____ Zip _____
3. Physical Location/Description *Use Street Address* _____
 City _____ Parish _____ State _____ Zip _____
4. Geographic Location Latitude Degrees _____ Minutes _____ Seconds _____
 Longitude Degrees _____ Minutes _____ Seconds _____
5. Contact Name _____ Contact Title _____
6. Contact Phone () _____ Contact Fax () _____
7. Contact Email _____
8. Property Owner's Name _____

9. Property Owner's Mailing Address _____
 City _____ State _____ Zip _____

10. 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* _____

11. 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					
2					
3					
4					

12. **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 _____

DETAILED INSTRUCTIONS FOR NOTIFICATION FORM FOR TRANSPORTERS OF SOLID WASTE

1. **Company Name/Facility Name:** Enter the name of the transporter company; if there is a facility name enter it also.
2. **Mailing Address:** Enter the mailing address for the transporter company/facility. This office will mail all company/facility-related correspondence to this address.
3. **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.
4. **Geographic Location:** Enter the latitude and longitude coordinates *to the second* for the location of the front gate of the transporter company/facility.
5. **Contact Name/Title:** Enter the name and title of the person to contact regarding information supplied on this form and other related matters.
6. **Contact Phone/Fax:** Enter the phone number and fax number of the contact person.
7. **Contact Email:** Enter the email of the contact person.
8. **Property Owner's Name:** Enter the name(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.
9. **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.
10. **Waste to be Transported:** Indicate type of waste to be transported by marking all applicable boxes.
11. **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.
12. **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.