TRUCKED DOMESTIC WASTE HAULER PERMIT APPLICATION Return to:				9192 Top	City of San Diego - Industrial Wastewater Control Program 9192 Topaz Way - San Diego, CA 92123 Ph: 858-654-4100 FAX: 858-654-4110			
1) Bus	iness Name of Applicant:		Phone:		Email:			
2) Co	ntact Person:		Title:					
3) Facility Address:								
4) Ma	iling Address:							
5) Does your Company Haul Industrial Wastes of any type?NoYes The discharge of industrial wastes is prohibited under this permit. An application to discharge industrial wastes must be submitted separately.								
6) List the trucks/trailers that you would like permitted to haul domestic wastes. For tractor/trailers, provide information for the trailer only. Each truck is required to have a California license plate. <u>Trucks not listed will not be allowed to discharge wastes</u> .								
	Truck/Trailer Make/Model	Year	Capacity (gallons)	-	se Plate	County Sticker Number		
7) Attach a copy of the current "PERMIT TO OPERATE SEPTIC PUMPER TRUCK OPERATION" issued by the County of San Diego Department of Environmental Health								
8) Attach a signed copy of the Trucked Waste Requirements Certification form, certifying that you have read and are familiar with the most current versions of (1) Trucked Waste Requirements and Procedures (TWRP) and (2) CAL EPA/DTSC Hazardous Waste Generator Requirements. The TWRP Certification form is located on the last page of the Trucked Waste Requirements and Procedures, on the web at: http://www.sandiego.gov/mwwd/environment/iwcp/trucked.shtml								
Permittee's Certification : I hereby certify that the information found in this application is familiar to me and is complete and accurate to the best of my knowledge. I certify that the wastes that will be discharged under this permit are not hazardous wastes as defined in the Federal Resource Conservation and Recovery Act (RCRA) and by state or local regulations. I have received and read both the Trucked Waste Requirements & Procedures and the Department of Health Services' Hazardous Waste Requirements bulletin, and I agree to comply with the policies and requirements set forth therein. I certify that the wastes that will be discharged under this permit meet applicable Federal and local limits. I certify that all wastes to be hauled under this permit originate within San Diego County.								
9) Pri	nt Name:		Ti	Title:				
10) Si	gnature:		D	Date:				
TO BE COMPLETED BY THE CITY								
TWRP			AR#	Ef	Effective:			
RCRA			Approved By:	Ez	Expires:			
□ Copy of DEH Permit to Operate □ TWR&P/HWGR Certification			Facility Number: FAC-		Permit Number: PMT-			