



MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF REMEDIATION AND WASTE MANAGEMENT  
 STATE HOUSE STATION 17  
 AUGUSTA, ME 04333-01017  
 Telephone (207)287-7688

Application Number

**APPLICATION FOR A WASTE OIL TRANSPORTER LICENSE**

If you are using the carbonless application form, please use a typewriter or print clearly using a ballpoint pen. Forward the original to the Maine Department of Environmental Protection, one copy to the municipal office of the city or town where the business is located (if more than one location, make copies of the application and forward to each municipal office) and retain one copy for your records. Applications improperly prepared may be returned to the applicant for correction. If you are using the electronic form, photocopies of the original application must be provided to the above listed parties.

SECTION 1. Applicant Information

Name		Email Address		Mailing Address (Street and Number)	
City/Town	County	State	Zip Code	Telephone Number	
Location of Business (if different from above address)					
Street and Number		City/Town		Email Address	
County	State	Zip Code	Telephone Number		

If the business is being operated from several locations, please attach a sheet of plain bond paper, size 1 ½” X 11”, on which listed the entire address of each business location including Street & Number, City/Town, county, Zip Code and Telephone numbers.

If the applicant has received and identification number from the United State Environmental Protection Agency (EPA), please list that number, If no EPA Identification number has been received, applicant should contact DEP for assistance in obtaining an EPA ID number.

EPA Identification Number

Key Contact Person in Event of Emergency			
Name	Emergency Phone Number	Email address	Address

**SECTION 2. Conveyance Operator Information**

In the columns below, please list the operator(s) of your company's conveyance that you are applying to license. Submit a copy of the past three (3) year's driving record from each of the operators listed on the application. This must be an official record or an attested copy of motor vehicle violations issued by the State Motor Vehicle Department where each operator is licensed. This record may not be more than three (3) months old.

Operator's Name	Maine or Other State Operator's License Number(s)	Type of Operator License(s) Held (ex. Class I)

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**SECTION 3. Conveyance Information**

“Conveyance” means any vehicle used for transportation of hazardous waste on land, water or in the air. For the requirements of the license, the term includes only the cargo carrying portion of the conveyance. (For example: In the case of a tractor/trailer combination, only the trailer is required to be licensed.)

Conveyance #	Year	Make	Type (e.g. trailer)	Serial Number	Registration Number	Capacity (volume)
1						
2						
3						
4						
5						
6						
7						

Conveyance #	Address Where the Conveyance is Stored	Address Where the Conveyance is Used for Temporary Storage (Temporary storage means for not more than 48 hours.)	Is this Conveyance a Motorized Vehicle or Strictly a Carrying Conveyance? (e.g. VAC Truck or Trailer)
1			
2			
3			
4			
5			
6			
7			

**SECTION 4. Evidence of Liability Insurance Coverage**

Applicants must submit a copy of their current insurance certificate covering their waste oil transportation operations. In no event shall the limit of liability be less than \$500,000. Updated certificates must be submitted whenever a renewal application is filed, when the insurance coverage is renewed, or an amended insurance certificate is issued.

**SECTION 5. Applicant’s National Compliance History with Environmental Laws for the Past 10 Years**

Environmental Permits Held in New England for the Past 10 years			
Permit Number	Expiration Date	State of Issuance	Enforcement Action Yes/No (If yes, please attach a copy of the action)

Environmental Permits Revoked or Suspended (if not already covered above)	Reason for Revocation or Suspension

Environmental Enforcement Action in the past 10 years (if not already covered above)	Enforcement Action Taken

SECTION 6. Operational History

SAFETY HISTORY

Please describe in writing all incidents of waste oil and hazardous material, releases to the environment or accidents involving waste oil or hazardous material that your business, operators, or conveyances have been involved in within the last five years. Please include dates and locations (attach additional sheets as necessary).


TRAINING PROGRAM

Please describe below the training program in operation at your business for the safe transportation of waste oil. Include the specific training that the operators listed in Section 3 have received regarding the safe transportation of waste oil (attach additional sheets as necessary).


SPILL PREVENTION, CONTROL, AND COUNTERMEASURE PLAN (SPCC)

Does your company have an SPCC?      Yes    No    If yes, please attach a copy to this application.

SECTION 7. License Fee

Attach application license fee (make check or money order payable to: Hazardous Waste Fund – Transporter Account) as follows:  
\$100 for a basic license which covers one conveyance, one operator, and one business location.

The fee for each additional license not covered by the basic license is:

- Conveyance license                      \$50.00
- Operator license                         \$50.00
- Location license (Maine locations only)    \$50.00

Amount Submitted	Check or Money Order Number

SECTION 8. Certification

I, the undersigned, hereby certify that all information contained in this license application is true. I also certify that I and all conveyance operators in my employment are familiar with, will comply with, and implement all standard and special conditions attached to this license including those contained in *Waste Oil Management Rules*, 06-096 C.M.R. ch. 860 § 9 of the DEP Rules (effective June 13, 1988).

(NOTE: There are substantial penalties for falsification or misrepresentation of information submitted to the Department of Environmental Protection as part of any license application. Applicants are reminded to submit all changes to license application data as they occur in order for their license to remain valid.)

Signature			Date
Typed Name of Applicant			
Address (Street and Number)			City/Town
State	Zip Code	Email Address	Telephone Number