

WASTE MANAGEMENT DIVISION
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**BUSINESS DISCLOSURE STATEMENT FOR CERTIFICATION and HAULER
APPLICATIONS PURSUANT TO 10 V.S.A. SECTION 6605f**

DISCLOSURE STATEMENT INSTRUCTIONS

1. **WHO MUST COMPLETE THIS FORM.** Every nongovernmental entity required to obtain a certification for a solid or hazardous waste facility under 10 V.S.A. §§6605, 6605a, or 6606, to obtain an interim certification under 10 V.S.A. §6605b, or any waste hauler required to obtain a waste transportation permit under 10 V.S.A. §6607a or under rules adopted under 10 V.S.A. §6607, and all non-governmental entities that contract with an applicant governmental entity to conduct any part of the applicant governmental entity's operation, must complete this form. The authority of the Agency of Natural Resources and the Vermont State Police to perform a background investigation of the applicant and others is set forth in 10 V.S.A. §6605f (as amended 4/20/95).

2. **ALL QUESTIONS MUST BE ANSWERED.** Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter "Not applicable" or "N/A" in the space provided for an answer. If there is nothing to disclose in answer to a particular question, enter "None" in the space provided for an answer. **All violations listed must be explained.** Please include name and address of agency, department, etc. which issued the violation(s), and include a full description of each violation. Violations referenced by numbers will not be accepted. Full descriptions are required to ensure that a proper determination may be made.

3. **ANSWER COMPLETELY AND TRUTHFULLY.** Failure to answer all questions completely and truthfully may result in sanctions as provided by law, in permit denial or revocation, or in delay in processing the application because the statement had to be returned to you.

You are expected to make diligent efforts to check your records, and other records or sources to which you have access, in order to answer the question accurately and completely. If you are unsure of, or do not remember the answer to a question, indicate this in some way -- for example, by writing "Do not know" or "Do not remember". Be aware that answering a question in this manner may result in additional inquiries from the Vermont State Police and/or the Agency of Natural Resources.

4. **ADDITIONAL SPACE.** If you need additional space to answer a question, use a plain 8 ½" x 11" sheet(s) of paper. Insert additional pages immediately following the page on which the question you are answering appears. Be sure to indicate that your answer to the question is "continued on the next page", and indicate on the additional page which question is being continued there.

Note that the pages of this form are numbered at the bottom. If you attach additional pages, number them at the bottom center by using the number of the pages they follow, and adding letters. For example, if you add two pages following page 15, you should label them 15A and 15B.

5. **TYPE OR PRINT YOUR ANSWERS.** Type or print in legible block letter style. Handwritten forms will be returned if entries are in script or are unreadable.

6. **SUBMITTALS.** All required Disclosure Statements and Personal History Disclosure Forms must be submitted with the application for a certification or permit. Applications which do not include the required

Disclosure forms will be returned. All Disclosure Statements and Personal History Disclosure Forms must also be signed and notarized.

7. **RIGHT TO ASK FOR ADDITIONAL INFORMATION.** The Agency of Natural Resources and the Vermont State Police reserve the right to ask for additional supplementary information relative to issues relevant under 10 V.S.A. §6605f. Processing your application will not be completed until all information requested has been provided.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the Federal Privacy Act of 1974

Under Section 7(b) of the Federal Privacy Act of 1974, 5 U.S.C. Section 552A, any government agency which requests an individual to disclose his Social Security number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Social Security number is used as a secondary identifier by the Vermont State Police when it conducts background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification in checking criminal history records maintained by state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons. The Agency is authorized to request this information under 10 V.S.A. §6605f.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Agency cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of the permit application because of the additional investigative time which may be necessary to confirm identifications without the Social Security number.

DEFINITIONS

KEY EMPLOYEE - Means any individual employed by a business concern in a management capacity or who is empowered to make discretionary decisions of a financially material nature with respect to the solid or hazardous waste operations of the business concern.

NON-GOVERNMENTAL APPLICANT - Means any person (any natural person, corporation, partnership, joint venture, unincorporated association or other legal entity), other than a unit of local, state or federal government, and who is required to obtain certification under 10 V.S.A. §6605, 10 V.S.A. §6605(b), 10 V.S.A. §6606, 10 V.S.A. §6607, or 10 V.S.A. §6607a. Persons required to obtain such certification include a waste hauler and the owner, operator and landowner of a facility.

SOLID OR HAZARDOUS WASTE BUSINESS - Means any activity at any location or facility where solid or hazardous waste is treated, stored, processed or disposed, including, but not limited to: transfer stations, terminals or business offices of collectors/haulers or transporter operations, sanitary landfills, dumps, incinerators, and composting and recycling facilities.

SECTION I. BUSINESS CONCERN INFORMATION

1. BUSINESS NAME OF APPLICANT: _____

2. ADDRESS OF PRINCIPAL OFFICE: _____

3. TELEPHONE NO.: _____

4. THIS DISCLOSURE STATEMENT IS BEING FILED IN CONNECTION WITH AN APPLICATION FOR CERTIFICATION OR PERMIT FOR: (check all that apply)

Facility:

Solid Waste _____
Hazardous Waste _____

OWNER _____
OPERATOR _____

Hauler:

Solid Waste _____
Hazardous Waste _____
Medical Waste _____
Paper Sludge _____
Septage _____
Sludge _____
Tires _____

5. TYPE OF BUSINESS (check one):

Sole Proprietorship _____ go to page 4
(single owner)
Partnership _____ go to pages 5 & 6
Joint Venture _____ go to page 7
Corporation _____ go to pages 8 & 9
Limited Liability Corporation _____ go to pages 8 & 9
Other (please describe) _____

PART I. APPLICANT SOLE PROPRIETORSHIP IDENTIFYING DATA

1. DATE PROPRIETORSHIP RECEIVED TRADE NAME REGISTRATION (if any): _____
2. FEDERAL EMPLOYER IDENTIFICATION NO. (if any): _____
3. FEDERAL E.P.A. IDENTIFICATION NO. (if any): _____
4. KEY EMPLOYEES. List all key employees of the proprietorship (see Definition of "key employee", p.3).

The SOLE PROPRIETOR and all KEY EMPLOYEES listed above must complete a RECORD CHECK RELEASE and PERSONAL HISTORY DISCLOSURE FORM.

5. OTHER NAMES UNDER WHICH THE PROPRIETOR DOES BUSINESS. List all other names under which the proprietor does or has, in the last five years, done business, including "trading as", "doing business as" and "also known as" names, whether used or not used.

<u>NAME</u>	<u>DATES NAME WAS IN USE FROM (YEAR) TO (YEAR)</u>	<u>STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED</u>
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6. PAST ADDRESSES OF SOLE PROPRIETOR'S PRINCIPAL OFFICE. List all addresses of principal locations of the proprietor's business in the past ten years.

<u>ADDRESS</u>	<u>DATES OCCUPIED AS PRINCIPAL OFFICE FROM (YEAR TO (YEAR)</u>
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PART II. APPLICANT PARTNERSHIP IDENTIFYING DATA

1. FORM OF PARTNERSHIP (check one):

General Partnership _____
Limited Partnership _____

2. DATE PARTNERSHIP WAS ESTABLISHED: _____

3. DATE PARTNERSHIP RECEIVED TRADE NAME REGISTRATION: _____

4. FEDERAL EMPLOYER IDENTIFICATION NO. (if any): _____

5. FEDERAL E.P.A. IDENTIFICATION NO. (if any): _____

6. PARTNERS. List all the Partners of the business concern.

7. KEY EMPLOYEES. List all key employees of the partnership.

All PARTNERS and all KEY EMPLOYEES listed above must complete a RECORD CHECK RELEASE and PERSONAL HISTORY DISCLOSURE FORM.

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8. OTHER NAMES OF PARTNERSHIP. List all other names under which the partnership does, or has in the last five years done business, including names of divisions and "trading as", "doing business as" and "also known as" names, whether used or not used.

<u>NAME</u>	<u>DATES NAME WAS IN USE FROM (YEAR) TO (YEAR)</u>	<u>STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED</u>
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9. PAST ADDRESSES OF PARTNERSHIP'S PRINCIPAL OFFICE(S). List all addresses of principal locations of the partnership within the past five years.

<u>ADDRESS</u>	<u>DATES OCCUPIED AS PRINCIPAL OFFICE FROM (YEAR) TO (YEAR)</u>
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10. FORMER PARTNERS AND KEY EMPLOYEES. List the following information for each person not listed above who has been a Partner or a key employee at any time during the past five years.

<u>NAME</u>	<u>LAST KNOWN ADDRESS</u>	<u>POSITION HELD (YEAR) TO (YEAR)</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>
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PART III. APPLICANT JOINT VENTURE IDENTIFYING DATA

- 1. DATE JOINT VENTURE WAS ESTABLISHED: _____
- 2. FEDERAL EMPLOYER IDENTIFICATION NO. (if any): _____
- 3. FEDERAL E.P.A. IDENTIFICATION NO. (if any): _____
- 4. DATE AUTHORIZED TO DO BUSINESS IN VERMONT: _____

See www.sec.state.vt.us/corps/fchome.htm regarding a Certificate of Authority to do business in Vermont, or call (802)828-2386.

- 5. LIST ALL JOINT VENTURERS:

For each of the Joint Venturers listed above which are **CORPORATIONS**, you **MUST** complete part IV below and the required RECORD CHECK RELEASE and PERSONAL HISTORY DISCLOSURE FORM.

For each of the Joint Venturers listed above which are **PARTNERSHIPS**, you **MUST** complete part II above and the required RECORD CHECK RELEASE and PERSONAL HISTORY DISCLOSURE FORM.

For each of the Joint Venturers listed above who are **INDIVIDUALS**, you **MUST** complete RECORD CHECK RELEASE and PERSONAL HISTORY DISCLOSURE FORM.

- 6. OTHER NAMES OF JOINT VENTURE. List all other names under which the joint venture does, or has in the last five years done business, including names of divisions and "trading as", "doing business as", and "also known as" names, whether used or not used.

<u>NAME</u>	<u>DATES NAME WAS IN USE FROM (YEAR) TO (YEAR)</u>	<u>STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED</u>
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PART IV. APPLICANT CORPORATE IDENTIFYING DATA

- 1. REGISTERED AGENT: _____
- 2. DATE OF INCORPORATION: _____
- 3. FEDERAL EMPLOYER IDENTIFICATION NO. (if any): _____
- 4. FEDERAL E.P.A. IDENTIFICATION NO. (if any): _____
- 5. DATE AUTHORIZED TO DO BUSINESS IN VERMONT: _____
See www.sec.state.vt.us/corps/fchome.htm regarding a Certificate of Authority to do business in Vermont, or call (802)828-2386.

6. OFFICERS. List all the officers of the corporation.

7. DIRECTORS. List all the Directors of the corporation.

8. KEY EMPLOYEES. List all key employees of the corporation.

All OFFICERS, DIRECTORS and KEY EMPLOYEES listed above must complete a RECORD CHECK RELEASE and PERSONAL HISTORY DISCLOSURE FORM.

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9. OTHER NAMES OF CORPORATION. List all other names under which the corporation does, or has in the last five years done business, including names of divisions and "trading as", "doing business as", "also known as", and any trade names registered by the corporation, whether used or not used.

<u>NAME</u>	<u>DATES NAME WAS IN USE FROM (YEAR) TO (YEAR)</u>	<u>STATE(S) IN WHICH BUSINESS WAS CONDUCTED/REGISTERED</u>
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10. PAST ADDRESSES OF CORPORATION'S PRINCIPAL OFFICE. List all addresses of principal locations of the business concern in the past five years.

<u>ADDRESS</u>	<u>DATES OCCUPIED AS PRINCIPAL OFFICE FROM (YEAR) TO (YEAR)</u>
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11. FORMER OFFICERS, DIRECTORS AND KEY EMPLOYEES. List the following information for each person not listed above who has been an officer, director key employee of the corporation at any time during the past five years.

<u>NAME</u>	<u>LAST KNOWN ADDRESS</u>	<u>POSITION HELD (FROM - TO)</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>
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SECTION II. EQUITY AND DEBT OWNERSHIP

10 V.S.A. §6605f requires the applicant to list all persons or business concerns which hold equity in or debt liability of an Applicant's business. **Please refer to the definitions of “equity” and “debt” below.**

1. Is the applicant business publicly traded (i.e., do you sell shares of stock in your company/business)? Yes ___ No ___

If YES, list all persons or business concerns which hold more than 5% of the equity in or debt liability of the applicant business concern.

If NO, list all persons or business concerns holding any equity in or debt liability of the applicant business concern.

Note: The Secretary of the Agency of Natural Resources and the Commissioner of Public Safety reserves the right to require the Applicant to submit additional disclosure statements for those holding equity in or debt liability of the Applicant business concern. See 10 V.S.A. Section 6605f(b)(1)&(2).

DEBT - Means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages and loans of any kind, secured or unsecured.

EQUITY - Means any ownership interest in a business concern, including without limitation a sole proprietorship, partner's shares, joint venture interests and stock in a corporation.

SECTION III. DISCLOSURE OF CIVIL AND ADMINISTRATIVE PENALTIES

As used in this section, the phrase "**violation of any law or regulation pertaining to the protection of the environment**" includes the violation of any local, state or federal statute, rule, regulation, order (judicial or administrative), certification or permit relating to the generation, collection, transportation, treatment, processing, storage or disposal of solid or hazardous waste, and to any local, state or federal statute, rule, regulation, order (judicial or administrative), certification or permit relating to water pollution, air pollution, discharge of hazardous substances, land use, wetlands protection, pesticide control, or toxic substances control.

PART I. JUDICIALLY DETERMINED CIVIL VIOLATIONS

List and explain all civil violations which a federal, state or local court, or a court of a foreign country, has determined to have been committed by your business, and list and explain any and all admissions made by your business or any person employed by your business in connection with any judicial proceeding, regarding any **violation of any law or regulation pertaining to the protection of the environment**, the public health or public safety, or pertaining to the regulation of activities which affect the environment, public health or public safety in any way whatsoever. Attach additional pages if necessary. **Place an "X" in the box below if there are no judicially determined civil violations.**

NO VIOLATIONS

COURT: _____
LAW OR REGULATION VIOLATED: _____
DATE OF JUDICIAL DETERMINATION OR ADMISSION: _____
DATE OF VIOLATION: _____
NATURE AND LOCATION OF VIOLATION: _____
PENALTY ASSESSED: \$ _____
REMEDIATION REQUIRED: _____

PART II. ADMINISTRATIVE VIOLATIONS

List and explain all administrative violations which a federal, state, local or foreign administrative body or agency, or a quasi-judicial body, has determined to have been committed by your business, and any and all violations made by your business or any person employed by your business, including those resulting in an assurance of discontinuance or other form of consent decree, regarding any violation of any law or regulation pertaining to the protection of the environment, the public health or public safety, or pertaining to the regulation of activities which affect the environment, public health or public safety in any way whatsoever. Attach additional pages if necessary. **Place an "X" in the box below if there are no administrative violations.**

NO VIOLATIONS

ADMINISTRATIVE OR QUASI-JUDICIAL BODY/AGENCY: _____
LAW OR REGULATION VIOLATED: _____
DATE OF ADMINISTRATIVE DETERMINATION OR ADMISSION: _____
NATURE AND LOCATION OF VIOLATION: _____

PENALTY ASSESSED: \$ _____
REMEDIATION REQUIRED: _____

CERTIFICATIONS

This Business Concern Disclosure Statement must be signed and certified below by the following officials of the business concern:

CORPORATIONS: President, Chairman of the Board or CEO, Secretary and Treasurer.

PARTNERSHIPS: All general partners.

SOLE PROPRIETORS: The owner.

JOINT VENTURES: All venturers.

ANY OTHER BUSINESS FORM: Chief officer, Secretary and Treasurer.

I hereby certify under penalty of law that this document and all attachments were prepared by me or by a person or persons under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my personal knowledge, or upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Date

Signature

Type or Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public My Commission Expires:_____

Date

Signature

Type or Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public My Commission Expires:_____

Date

Signature

Type or Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public My Commission Expires:_____

Date

Signature

Type or Print Name and Title

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public My Commission Expires:_____