



Vermont Waste Transportation Vehicle Report

Return This Form To: Waste Management Division, 103 South Main Street, Waterbury, VT 05671-0404
Telephone: (802)241-3445 Fax: (802)244-5141

[] New Application [] Annual Renewal [] Modification – Add A New Vehicle

This Vehicle Report Form Is Valid July 1, 2010 Through June 30, 2011

Name of Business: _____

Contact Name: _____ Phone Number: _____

Mailing Address: _____
Street City/Town State Zip

Waste(s) To Be Transported:

- [] Solid [] Tires [] C&D [] Scrap Metal [] Medical [] Hazardous [] Biosolids [] Septage
[] Wastewater Treatment Sludge

Do you transport solid waste, tires, medical waste, and/or sludge out-of-state for disposal? [] Yes [] No If YES, please identify the destination facility or facilities and submit a VT Dept of Taxes franchise tax form on a quarterly basis.

Please provide the following information for each vehicle to be included in your waste transporter permit.

- 1. Vehicle Make & Model: _____ Color: _____ Year: _____
VIN: _____ Registration #: _____ State: _____
2. Vehicle Make & Model: _____ Color: _____ Year: _____
VIN: _____ Registration #: _____ State: _____
3. Vehicle Make & Model: _____ Color: _____ Year: _____
VIN: _____ Registration #: _____ State: _____
4. Vehicle Make & Model: _____ Color: _____ Year: _____
VIN: _____ Registration #: _____ State: _____
5. Vehicle Make & Model: _____ Color: _____ Year: _____
VIN: _____ Registration #: _____ State: _____

Applicant's Signature: _____ Date: _____

Fees: Hazardous Waste Haulers - \$100.00 per truck, tractor, and/or trailer
Solid, Tires, Medical, Biosolids, Septage, Sludge - \$35.00 per truck, tractor, and/or trailer
Payable to Treasurer, State of Vermont

Note: Forms may be copied and are available at: http://www.anr.state.vt.us/dec/wastediv/solid/transport.htm

For Department Use Only: _____

Date Rec'd: _____ Date Complete: _____ Fee Rec'd: \$ _____ Approved By: _____