



SEPTAGE WASTE HAULER AUTHORIZATION APPLICATION

Business Name:		Assigned Transporter ID (GRSD use only):
Name & Title (Authorized Representative):		
Phone & Fax Numbers:	Email:	
Name & Title (Dispatcher):		
Phone Number (Dispatcher):	Email (if different):	
Facility Address:	Business Address (if different):	

Waste Transport Vehicles

Vehicle	Make	Model	Tank Volume (gal)	Vehicle License Information			County HPN	Assigned Vehicle ID No.
				License No.	State	Expiration Date		
1								
2								
3								
4								
5								

Insurance

Attach a certificate documenting that your company has adequate comprehensive general liability and auto liability insurance which includes the GRSD Sewer Authority as an additional insured and includes provisions for informing the GRSD Sewer Authority no less than ten (10) days prior to the time of policy cancellations or renewals.

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Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on 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.

Printed Name (Authorized Representative)

Title (Authorized Representative)

Signature (Authorized Representative)

Date