

NEW FIRM APPLICATION

FOR PERMIT TO OPERATE A SEPTAGE MANAGEMENT FIRM

DIVISION OF WASTE MANAGEMENT - SOLID WASTE SECTION 1646 MAIL SERVICE CENTER, RALEIGH, NC 27699-1646

Do not use this form for Renewals, it will be deemed incomplete. Applications will not be processed unless the application is complete and appropriate fee is sent in. 1 Vehicle- \$800, 2 Vehicles- \$950, 3 Vehicles or more- \$1500

(1.) Firm name: *(The "Firm name" must be exactly as it is shown on your vehicle(s)).*

 Street address of office: _____
 City: _____ State: _____ Zip: _____
 Mailing address (if different): _____
 City: _____ State: _____ Zip _____
 Phone: _____ County: _____
 E-Mail: _____

(2.) Firm owner's name: _____
 Mailing address (if different): _____
 City: _____ State: _____ Zip _____
 Phone: _____

(3.) Firm operator's name: _____ Firm operator's title: _____
 Mailing address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone: _____

(4.) N.C. Counties of Operation: _____
 (each county you plan to do business in) _____

(5.) NCDEQ New Operator Training Course Attendance Date: _____

(6.) Total Number of Pumper Vehicles Operated: _____ If more than 3 vehicles, put all vehicles on additional paper:

	License Tag #	Vehicle Identification #	Tank Capacity	Domestic Septage	Portable Toilet Waste	Grease	Other
1							
2							
3							

Certification Statement

I certify that the information and representations in this application for a permit are true, complete, and accurate to the best of my knowledge and belief. I am aware that a permit may be suspended or revoked upon a finding that its issuance was based upon incorrect or inadequate information that materially affected the decision to issue the permit and that there are criminal penalties for knowingly making a false statement, representation, or certification.

 Signature (*Signature of company official required*)

 Date

 Print Name

 Title

*** This form is not for yearly renewals- Do not use this form if you currently have a NCS Number***

To be completed by NC DEQ Staff:

NCS # _____