

500 Delaware Solid Waste Authority

504 DSWA Forms - Attachments A, B and C

Attachment A

TO: DELAWARE SOLID WASTE AUTHORITY
P. O. BOX 455
DOVER, DE 19903-0455

I hereby apply for a Solid Waste Collectors License for the period of July 1, 20___ through June 30, 20___, in accordance with the Regulations of the Delaware Solid Waste Authority. Accordingly, the following is submitted:

(Note: This application will not be processed unless all requested information is provided. Each application must be accompanied by:

- Proof of insurances as required by Section 3.04;
 - The minimum Bond or Surety, as required by Section 3.10; and,
 - The vehicle information as requested in Attachment A of this application.)
- A copy of your Delaware Business License.

Name of Applicant (Individual or Firm Name):

Company/Trade Name:

Business Office address/telephone numbers (One number MUST be a Delaware number):

OFFICE	ADDRESS	PHONE #
A.	<hr/> <i>Street CityState Zip</i>	()
B.	<hr/> <i>Street CityState Zip</i>	()
C.	<hr/> <i>Street CityState Zip</i>	()

Name, Address & Telephone Number of Answering Aervice if Applicable:

NAME	ADDRESS	PHONE #
	<hr/> <i>Street CityState Zip</i>	()

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

		()
	<i>Street CityState Zip</i>	
		()
	<i>Street CityState Zip</i>	

Name of Individuals Having Administrative Responsibility at Each Business Location:

NAME	ADDRESS	PHONE #
	<i>Street City State Zip</i>	()
		()
	<i>Street City State Zip</i>	
		()
	<i>Street City State Zip</i>	

Name, Address, Telephone Number of Registered Agents or Authorized Representatives:

NAME	ADDRESS	PHONE #
	<i>Street City State Zip</i>	()
		()
	<i>Street City State Zip</i>	
		()
	<i>Street City State Zip</i>	

Type of Business:

Sole Proprietorship

Partnership

Municipality

Corporation*

* If Non-Delaware Corporation, provide proof of Delaware Registration

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

Date Business was Established:

Delaware Business License Number: (contact Division of Revenue)

DNREC Waste Haulers Permit Number:

Delaware Business License Renewal Date:

Federal Taxpayer Identification Number:

Name and Address of Owners or Partners in Unincorporated Business. Indicate Respective Ownership Interest on a Percentage Basis:

NAME	ADDRESS	%
	_____ <i>Street City State Zip</i>	

Name and address of Officers, Directors, Shareholders holding in excess of 10% of issued Stock in incorporated business:

NAME	ADDRESS	%
	_____ <i>Street City State Zip</i>	

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

	<i>Street City State Zip</i>	

Indicate if any partnership or corporation other than applicant has any interest, direct or indirect, in the license applied for, or in the business conducted under such license. (If so, state names & addresses and interest of the partnerships, corporations and principles involved, indicating the nature and extent of the interest.)

Not applicable

Provide details if applicable:

Indicate if any individual, partnership or corporation other than applicant receives or will receive (by way of rent, salary or otherwise) all or any portion of percentage of the gross or net profits or income derived from business conducted under license applied for:

Not applicable

Provide details if applicable:

Indicate if your company or parent company has ever been convicted of civil or criminal offenses concerning waste transporting, processing, or disposal.

No

Yes (provide details on separate sheet)

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

Indicate if the applicant, any person mentioned in the application, or any person having a beneficial interest in the application has ever been denied an application to collect solid waste.

Not applicable

Provide details if applicable:

State general area served by applicant:

Indicate days of the week collections are made:

Mon Tue Wed Thur Fri Sat Sun

Daily average weight of Household solid waste collected: _____ Tons

Daily average weight of Municipal solid waste collected: _____ Tons

Daily average weight of Commercial/Industrial solid waste collected: _____ Tons

Indicate location(s) where solid waste is being or will be delivered: _____ Tons

TYPE OF WASTE	LOCATION DELIVERED

Statement of experience in solid waste collection, transportation, and/or disposal:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT AND THAT I HAVE READ AND AM FAMILIAR WITH THE REQUIREMENTS OF THE REGULATIONS OF THE DELAWARE SOLID WASTE AUTHORITY.

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

Date _____ Signature of Applicant Title _____

STATE OF _____ COUNTY OF _____

Before me appeared _____, who under oath certifies that the information provided in this application is true and correct.

Date Notary Public

Attachment B

TRANSFER STATION MONTHLY SOLID WASTE REPORT

From: _____ Reporting Period: _____
To: Delaware Solid Waste Authority Date: _____

<u>TYPE OF WASTE</u>	<u>TONS RECEIVED</u>	<u>TONS DISPOSED</u>	<u>DISPOSAL FACILITY</u> Tons Location	
SOLID WASTE DSWA REGULATIONS, SECTION 5				
a. Delaware			1.	
			2.	
			3.	
			4.	
b. Other			1.	
			2.	
			3.	
			4.	
<u>TOTAL</u>				
INDUSTRIAL PROCESS WASTE DSWA REGULATIONS, SECTION 3				
a. Delaware			1.	
			2.	
			3.	
			4.	
b. Other			1.	
			2.	
			3.	

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

<u>TOTAL</u>			4.	
<u>GRAND TOTAL</u>				

CERTIFICATION I hereby certify that the above information is true and correct, to the best of my knowledge, this day of _____, A.D. 20____.

Notary Public President

Attachment C

SOLID WASTE HAULER REPORT FOR WASTE GENERATED IN DELAWARE AND DELIVERED AND/OR DISPOSED AT OTHER THAN DSWA FACILITY

From: Reporting Period:
To: Delaware Solid Waste Authority Date:

<u>TYPE OF WASTE</u>	<u>TONS RECEIVED</u>	<u>TONS DISPOSED</u>	<u>DISPOSAL FACILITY</u> Tons Location	
SOLID WASTE DSWA REGULATIONS, SECTION 5				
a. Delaware			1.	
			2.	
			3.	
			4.	
b. Other			1.	
			2.	
			3.	
			4.	
<u>TOTAL</u>				
INDUSTRIAL PROCESS WASTE DSWA REGULATIONS, SECTION 3				
a. Delaware			1.	
			2.	
			3.	
			4.	
b. Other			1.	
			2.	

**TITLE 1 AUTHORITIES, BOARDS AND COMMISSIONS
DELAWARE ADMINISTRATIVE CODE**

			3.	
			4.	
<u>TOTAL</u>				
<u>GRAND TOTAL</u>				

CERTIFICATION I hereby certify that the above information is true and correct, to the best of my knowledge, this day of _____, A.D. 20_____.

Notary Public President