



**City of Cedartown
Commercial Waste Transporter Permit Application**

Company Information

Company Name: _____
 Company Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Company Owner Name: _____
 Company Point of Contact: _____
 Company Website: _____
 EPD Registration Number: _____

Truck Information

(for additional trucks list on separate sheet)

VIN Number	Tag Number/State	Tank Size in Gallons

Approved Disposal Facilities

Facilities Name: _____
 Facilities Address: _____
 Phone: _____ Fax: _____
 Responsible Person/Operator: _____

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 Facilities Address: _____
 Phone: _____ Fax: _____
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 Facilities Address: _____
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I am requesting a permit to pump commercial waste traps in the State of Georgia. I have read the Water Quality Rules and Regulations, Chapter 391-3-24 and understand them completely. I understand that the entire contents of commercial waste tanks must be removed and disposal of the contents, within the State of Georgia, can only be at an EPD approved facility. I certify under penalty of law that this document and all attachments were prepared under 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.

Signature of Company Official and Title

Date