

Permit Expires on: _____

Liquid Waste Transport Application

Business Na	me	luon					TDH Registration	No.		
Address			City				State	Zip		
Manager of Operations					D)L Number	and State			
Business No	·	Emergency No. 1				Emergency No. 2				
Name of Ow	vner					Owner's No.				
Parent Com	pany Name, Incorporat	ion No., Address,	and Phone (If A	Applicable)						
Permit	ted Vehicle	S (Note: Fi	rst Truck S	\$100.00 and	Each Add	ditional	is \$50.00)			
							(Inter Office Use Only)			
Year	Make	Gallons	s	Plate	Vin		Inspected	Photos Available	Permit #	
Liquid Waste to Be Transported										
Greas	se Traps 🗌 Gri	t Waste 🗌] Septage	Other_						
D'	-1 C'1 - T - C-									
DISPOS Business Name	al Site Info	rmation			Conta	st Namo				
						Contact Name				
Address			City			Sta	State			
Business Name	ρ				Contac	ct Name				
Address			City			State		Zip	7in	
Audiess			City			310	State		2.10	
Lundors	tand haraby n	naka annli	sation to t	transnort li	auid wast	ta in th	o City of La	ako Morti	h Toyas and	
	tand, hereby r o accept and a			•	•		•			
	and that falsifi	,	•		J				•	
of the liq	uid waste tran	sportation	permit. I	understand	that it is	my res	sponsibility	to renew	each permit	
on an an	nual basis.									
Signature (Owner / Manager)							Date			
			Inte	er-office use	<u> </u>					
Total Amount Due: Cash Check # Money Order #										
Receipt #	<u> </u>	_ Er	ntered by:							