



RIDEM 2010-2011 HAZARDOUS WASTE APPLICATION AND INSTRUCTIONS

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1) **Hazardous Waste Transporter Identification Form** This document is contained within the email text and includes information from our database.
- 2) **Vehicle Information Spreadsheet:** This excel file should have been received as an attachment from the Department and should be checked and submitted as either a floppy disk or CD.
- 3) **Application Fee:** An application fee of one hundred dollars (\$100) must be submitted to the Office of Management Services, accompanied by the enclosed remittal form. The address for the Office of Management Services is located on the remittal form. The check must be made payable to the General Treasurer, State of Rhode Island. This application fee will be credited to one single unit listed on the application. An additional one hundred dollars (\$100) per single unit will be required for each additional unit. All fees must be accompanied by the remittal form and paid **before** a sticker is issued.
- 4) **Certificate of Liability Insurance:** An original (not photocopy) certificate of liability insurance issued in the name of the Office of Waste Management, Department of Environmental Management in the amount of at least one million dollars (\$1,000,000) which shall include a hazardous material rider (Form MCS-90).
- 5) **Contingency Plan:** The company must submit for review and approval, a description of the procedures to be employed by the transporter, pursuant to Rule 6.08 of the Regulations, in response to spills or other emergency situations that could arise during transporting operations. Specific reference must be made to:
 - Type and location of emergency equipment on vehicles.
 - The driver's emergency response instructions including:
 - Instructions to notify the RIDEM at (401)222-2797 (daytime) or (401)222-3070.
 - The name and phone # of an emergency spill clean-up company.
 - Procedures for spill containment.
- 6) **Certificates of Driver Training:** A description of personnel training equivalent to that required by RIGL 23-19.1-34. A certificate of training must be submitted, including the driver's name and license number, stating that the driver has successfully completed the above mentioned training on an annual basis.
- 7) **Business Disclosure:** Application must contain either a Business Concern Disclosure Statement or Business Concern Disclosure Statement Change Certification.
- 8) **Criminal Background Check:** A Criminal Background check for each key employee who has a beneficial interest in the Business. (This does not include employees solely engaged in the physical handling of the material.) Last year's criminal background check may be submitted if the affidavit accompanying it is current.



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

2010-2011 HAZARDOUS WASTE TRANSPORTER IDENTIFICATION FORM

1. COMPANY NAME: _____

PERMIT # RI-_____ EPA ID # _____

MAILING ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

2. OWNER: _____

3. COMPANY REGULATORY CONTACT: _____

PHONE: _____ Extension: _____

E-MAIL ADDRESS: _____

4. CUSTOMER SERVICE PHONE (New Field) : _____

5. INSURANCE POLICY # _____ EXPIRATION DATE: _____

6. MAJOR WASTE TYPES HANDLED BY YOUR COMPANY:

Please check any additional waste now handled by your company:

Waste Types Transported: _____

| | | | |
|------------------------|--------------|--------------|--------------------------------|
| 1- All hazardous waste | 2- aqueous | 3- corrosive | 4- emergency response* |
| 5- reactive | 6- flammable | 7- PCB's | 8- petroleum products w/ water |
| 9- precious metal | 10- solvents | 11- toxics | 12- waste oil |
| 13- contaminated soil | | | |

* NOTE: You must submit 40 Hour OSHA training certifications and response plans to be a listed Emergency Responder, per item 10 below.

INSPECTIONS

The Department requires Company Certified inspections. Each company is required to list designated company inspectors who will perform individual unit inspections and attest to the accuracy of each inspection. The Department will continue to perform random, unannounced inspections of vehicles, and expects that strict compliance with the requirements will be maintained at all times. Units found to be deficient upon inspection are subject to administrative penalties.

All vehicles must be in compliance when the application is submitted, and must be maintained throughout the permit period. This includes the U.S. D.O.T. requirements for cargo tanker annual inspections as specified in 49 CFR 180.352 and the annual safety inspection as specified in the Motor Carrier Safety Regulations, Part 393. Vehicles must have the proper markings and stickers to verify these requirements.

APPLICATION/INSPECTION FEES

A fee of \$100.00 (made payable to the General Treasurer State of Rhode Island) must be submitted to the Office of Management Services, per the attached remittal form, at the time the application is submitted. This will be credited to the cost of one single unit. You must also submit \$100 for each additional unit to be permitted. No stickers will be issued until payment is received.

Upon approval of a company's application, stickers will be issued for the specific units for which a checklist and a \$100 per unit fee have been submitted. **(Note: the cost to have one tractor permitted is \$100 and the cost of one trailer inspected is \$100).** These stickers are NOT TRANSFERRABLE and are to be placed on the driver's side of the permitted unit [stickers on tractors should be placed on the driver's door, stickers on trailers should be placed on the front (driver's side) of the unit. Note that both the tractor and trailer must maintain current stickers.]

In order to accommodate infrequent transporters of hazardous waste, the Department has amended its fee structure to allow for the issuance of a temporary (30) day permit. The fee for this permit is \$25/vehicle unit.

All additional unit fees and checklist must be accompanied by the Check Remittal Form included and submitted to the Office of Management Services.

CONTINGENCY PLANS

An approved contingency plan must be on each vehicle at all times. D.O.T. Hazardous Materials handbooks are not acceptable as the only emergency procedures on the vehicle.

TEMPORARY STORAGE/TRANSFER ACTIVITIES

All temporary storage and/or transfer activities of hazardous waste conducted by the transporter within the state of Rhode Island require a Letter of Authorization by the Department (Please refer to item #10 of the permit application). The maximum period of temporary storage allowed in this state is 72 hours. Anyone requesting a Letter of Authorization for an existing or new activity must do so in writing,

under separate cover, and submit it with the application. Letters of Authorization are issued on a yearly basis and expire on 30 June. Operation of a temporary storage and/or transfer station without a current Letter of Authorization is a violation, and administrative and/or criminal actions may be taken.

BUSINESS CONCERN DISCLOSURE STATEMENT

In accordance with Rhode Island General Law 23-19.1-18.3, a Business Concern Disclosure Statement must be completed and returned with the initial application. For subsequent applications you may submit a Business Concern Disclosure Change Certification. Failure to submit this document will result in the delay of processing your application until the document is received.

EMERGENCY RESPONSE POLICY

Enclosed please find the Rhode Island Department of Environmental Management's policy statement regarding emergency response services. As part of your hazardous waste transporters permit you are required to acknowledge receipt of this policy statement. Please sign the form at the bottom and return the original copy to this office.

HAZARDOUS WASTE TRANSPORTER FEES AND REPORTS

As of January 1, 2003, the Department requires transporters to collect and submit monthly hazardous waste generation fees and reports for waste accepted for shipment from Rhode Island generators. These regulations are posted on the Department's web site at the address shown below:

<http://www.dem.ri.gov/pubs/regs/regs/waste/hwregs07.pdf>

CRIMINAL BACKGROUND CHECK (BCI criminal record report)

In 1999, the paragraph shown below was added to Rhode Island General Law 23-19.1-10

... the applicant shall provide the director, as part of the standard permit application process, a notarized affidavit and BCI criminal record report from each and every state within which the applicant resides and/or conducts business. The notarized affidavits and BCI criminal records reports shall be provided for each and every person shown to have a beneficial interest in the business of the applicant or the permittee other than an equity interest or debt liability by the investigation thereof.

In compliance with this statute change, the Department must therefore require transporters seeking a permit to send in BCI criminal report(s) with their renewal or new applications. We are interpreting the statute to mean that the BCI criminal report(s) need to be submitted only for the state or province where the company/employee lives and/or is headquartered, and not every state where the company may transport. **Also last year's form may be used if the affidavit accompanying it is current.**

Also the report is required for key employees involved with oversight of the hazardous waste transportation operation and persons with a beneficial interest in the business of the applicant. Persons solely involved with physically handling the waste are not defined as key employees.

The statute uses the term BCI Criminal Record Report. This term is used by the Rhode Island Attorney General, while other states and provinces may use other terms to characterize them. Regardless of the name or terminology, a report is required from the local law enforcement agency, or local FBI where the key employees lives and works, attesting to the nature of his/her criminal record or the lack thereof. In consultation with our legal council, we have enclosed an Affidavit of Criminal Background Check. This document should be filled out and the background check must be attached to it. This eliminates the need for the background check to be on agency letterhead. If the person for whom the background check has been conducted has been convicted of any of the offenses described in the affidavit, an affidavit should be notarized and attached along with any explanation of the conditions of the offense.

(Please Attach **Hazardous Waste Transporter Contact Information from Separate Attachment**)

Company Name: _____

Contact name and phone number: _____

1. IS THIS IS A RENEWAL APPLICATION? YES NO

If yes, have you made changes to:

| | | |
|--|------------------------------|-----------------------------|
| Designated Manifest Signer List? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Contingency Plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Training Plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Business Concern Disclosure Statement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any above, you must submit the updated information with this application.

2. DO YOU CONDUCT COMMERCIAL SPILL CLEAN-UP? Yes No

If yes, attach response plans and current personnel certifications to train personnel in emergency response and spill clean-up operations in accordance with 29 CFR 1910.120 (l).

3. LIST ALL TREATMENT STORAGE DISPOSAL FACILITIES (TSDFs) USED:
[You must list at least one (1) primary **and** one (1) back-up facility]

| COMPANY | EPA ID # | LOCATION |
|---------|----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. LOCATION OF RI TRANSFER AND/OR TEMPORARY STORAGE FACILITY. Include a written request for a letter of authorization to operate.

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PHONE () _____

5. DESIGNATED COMPANY INSPECTORS:

The following personnel are authorized by: _____,

(company name)

to perform vehicle inspections in accordance with the requirements of the Rhode Island Rules and Regulations for Hazardous Waste Management:

EMPLOYEE NAME (printed)

EMPLOYEE SIGNATURE*

7. BCI CHECK FOR KEY EMPLOYEES

Criminal background checks have been provided for the following employees:

EMPLOYEE NAME (printed)

Agency Performing Record Search

8. I _____, AM FAMILIAR WITH THE
(print name)

HAZARDOUS WASTE TRANSPORTER PERMIT RULES AND REGULATIONS AND CERTIFY UNDER R.I.G.L. 23-19.1-18 (H) THAT ALL ENTRIES ON THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE

NAME (PRINTED)

DATE

TITLE

This form may be reproduced but each affidavit submitted to RIDEM must have the original signature and notary seal.

Affidavit of Criminal Background Check

I _____ do hereby make affidavit that the attached
(print name of applicant)

criminal background check was conducted on me by

_____ on
(name of Law enforcement Agency conducting check)

or about ____/____/20_____.
(date of background check)

As certified in the attached background check, I have not been convicted of any of the following crimes under the Laws of Rhode Island as prescribed in 23-19.1-10d RIGL or the equivalent thereof under the laws of any other jurisdiction:

- | | |
|--|---|
| 1. Murder | 14. Unlawful manufacture, purchase , use or transfer of firearms |
| 2. Kidnapping | 15. Unlawful possession or use of destructive devices or explosives |
| 3. Gambling | 16. Racketeering |
| 4. Robbery | 17. Perjury or false swearing |
| 5. Bribery | 18. Any purposeful knowing, willful, or reckless violation of the criminal provision of any federal, state or provincial environmental protection laws, rules, and regulations. |
| 6. Extortion | 19. Assault constituting a felony |
| 7. Criminal usury | |
| 8. Arson | |
| 9. Burglary | |
| 10. Theft and related crimes | |
| 11. Forgery and fraudulent practices | |
| 12. Fraud in the offering, sale or purchase of securities | |
| 13. Alteration of motor vehicle identification numbers | |

(Signature of Applicant)

Signed and sworn to before me at _____ on the _____ day of
_____ A.D. 20_____.

Notary Public

(Seal)



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT

**BUSINESS CONCERN DISCLOSURE STATEMENT
CHANGE CERTIFICATION**

I, _____, hereby swear (or affirm) that I am the person
(print name)
who filled out the previously submitted Business Concern Disclosure Statement in the name
of _____ or directed that the information contained in the
(company)
answers there to be typed in, and that the foregoing statements made by me on behalf of
_____ are true to the best of my knowledge, or have
(company)
changed as stated below.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment under Rhode Island General Law 23-19.1-18 (H) by which a false statement, representation, or certification in this document is a FELONY.

| <u>Changes: Item Number</u> | <u>Change</u> |
|-----------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature _____

(type or print name)

(title or position)

Sworn to and subscribed before me this
_____ day of _____, 20____.

(Seal or Authority of Notary)

Notary

(expiration)



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT
235 PROMENADE STREET
PROVIDENCE RHODE ISLAND 02908-5767
(401)222-2797

POLICY STATEMENT

AUTHORIZATION TO CALL IN EMERGENCY RESPONDERS

The Department of Environmental Management requires that all hazardous waste generators, transporters, and TSDF's make arrangements with emergency response contractors to respond immediately in the event of an emergency (Rules 5.02, 6.03 and 9.08). The Department and its representatives have the authority to call in the state emergency response contractor if it is determined by DEM emergency response staff that the chosen emergency responder cannot respond to the scene within a reasonable amount of time (1 hour or less, depending on the circumstances), or the responder on scene is inadequate. In the event that the state emergency response contractor is called to the scene, all expenses incurred during that response will be billed to the responsible parties, and for payment of which shall be the sole responsibility of the responsible parties.

Company Name _____

Acknowledgement _____

Signature

(type or print name)

(title or position)

Emergency Contact: _____

Emergency Phone Number: _____

(Date)

ATTACHMENT A

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT HAZARDOUS WASTE MATERIAL HAULER TRAINING REQUIREMENTS

In accordance with R.I.G.L. 23-19.1-34 only drivers possessing a valid driver's license of appropriate class, and a hazardous waste driver's certificate issued by the Department of Environmental Management shall operate a vehicle hauling hazardous waste through or within the state of Rhode Island. Certificates enclosed as part of this application and submitted to the Department by the permit holder shall be deemed Department approved provided the following information, at a minimum, is included in the driver training program:

1. **Hazardous Waste Handling:** The employer must instruct all drivers in the safe and proper handling of hazardous wastes to be transported.
These instructions must include:
 - a) Hazardous properties of materials being transported.
 - b) Exposure routes and pathways to protect against.
 - c) Placarding requirements.
 - d) Reportable Quantities requirements and regulations.
 - e) DOT UN and NA codes.
 - f) Labeling requirements.
 - g) Compatibilities of hazardous waste materials.

2. **Notification Procedures:** The employer must instruct all drivers in the proper notification procedures to be taken in the event of a discharge of hazardous waste material.
These instructions must include:
 - a) State of Rhode Island emergency contact phone numbers.
 - b) Company emergency contact to be notified.
 - c) Phone number of an emergency response contractor in the local area of transportation activity.
 - d) Phone number of the National Response Center.
 - e) Instructions to make note of the exact time, location, type and amount of material released and a detailed description of all/any damage caused by the release.

3. **Emergency Procedures:** The employer must instruct all drivers in the proper emergency procedures to be followed in the case of an accident or release of a hazardous waste material.
These instructions must include:
 - a) Location and use of all emergency equipment carried with the vehicle.
 - b) Proper response to minimize the release of a hazardous waste material.
 - c) Containerization of all spill debris.
 - d) Notification requirements in accordance with section II above.
 - e) Procedures to be taken to ensure human health and safety in the vicinity of the release.
 - f) Procedures to be followed in inspecting all emergency equipment to ensure proper working order and effectiveness in dealing with the types of waste materials being transported.

4. Vehicle Operation: The employer must instruct all drivers in the proper and safe operating requirements to be followed while transporting hazardous waste materials.

These instructions must include:

- a) Procedures to be followed in accordance **with 49 CFR 396** in conducting pre-trip vehicle inspections.
- b) Procedures to be followed in determining that the vehicle is in full compliance and permitted in accordance with Rhode Island rules and regulations prior to transporting waste through or with the state of Rhode Island.
- c) Procedures to be followed in locating, distributing and securing cargo before transport.

5. Use of the Hazardous Waste Manifest: The employer must instruct all drivers of hazardous waste materials in the proper use of the Hazardous Waste Manifest.

These instructions must include:

- a) Inspection of the manifest for completeness and proper signatures from the generator.
- b) Inspection of the manifest and cargo to ensure no discrepancy exists.
- c) Inspection of the manifest to ensure that the appropriate waste codes, shipping names and DOT code have been used.
- d) Procedures to be followed in the case of rejected loads.
- e) Procedures to be followed when manifest information does not match the cargo being offered for transport.
- f) Proper distribution of the manifest copies.

ATTACHMENT A (continued)

In accordance with R.I.G.L. 23-19.1-35:

- a) The Department of Environmental Management shall deny any application for the issuance of a hazardous waste material driver's certificate made by an applicant who meets the following condition(s):
 - 1) The applicant has been convicted, within the last three (3) years preceding the applicant's application for the certificate, of any violation involving, driving while under the influence of intoxicating liquor or drugs, or both, or reckless driving, or the applicant's driving privilege is, or has been, under suspension, revocation, or probation by the Division of Motor Vehicles for a cause involving unsafe operation of a motor vehicle.
- b) The Department of Environmental Management shall revoke the hazardous waste materials driver's certificate of any holder, who, after issuance of the certificate, is convicted of any violation of driving under the influence of intoxicating liquor, or drugs, or both, or reckless driving, or who has had the driving privilege suspended or revoked by the Division of Motor Vehicles for a cause involving the unsafe operation of a motor vehicle, or is found by the Division to be a negligent operator.
- c) The Department of Environmental Management may revoke the hazardous waste materials driver's certificate of any holder for any cause, whether existing before or after issuance of the certificate, which would either authorize or require the Department of Environmental Management to refuse to issue a certificate.
- d) The Division of Motor Vehicles shall provide records to the Department of Environmental Management to the requirements of this chapter.

Prohibited Travel Roads (for extremely hazardous waste)

| TOWN | ROAD | FROM | TO |
|--------------------------------|--------------------------------|------------------------------------|------------------------------|
| Scituate, Johnston & Foster | Route 6 | Route 94 - Foster | Hopkins Avenue - Johnston |
| Scituate & Smithfield | Route 116 | Scituate Avenue - Scituate | Snake Hill Road - Smithfield |
| Scituate and Cranston | Route 12 | Route 14 - Scituate | Route 116 - Scituate |
| Scituate | Route 14 | Route 102 | Route 116 |
| Scituate & Foster | Route 102 | Route 94 - Foster | Snake Hill Road - Gloucester |
| Scituate & Foster | Central Pike | Route 94 - Foster | Route 102 - Scituate |
| Scituate | Danielson Pike | Route 6 | Route 6 |
| Foster | Route 94 | Route 101 | Route 102 - Scituate |
| Foster & Scituate | Old Plainfield Pike | Route 102 | Route 12 - Scituate |
| Scituate | Rocky Hill Road & Peepoad Road | Route 101 | Route 116, or Sawmill Road |
| Foster, Gloucester, & Scituate | Route 101 | Route 94 - Foster | Route 6 - Scituate |
| Smithfield & North Smithfield | Reservoir Road | In its entirety | - |
| Smithfield & Lincoln | Route 295 | Douglas Pike (Exit 8) - Smithfield | Route 146 (Exit 9) - Lincoln |
| Warren | School House Road | Birch Swamp Road | Long Lane |
| Warren | Serpentine Road | In its entirety | - |
| Jamestown | North Main Road | Route 138 | East Shore Road |
| Newport & Middletown | Bliss Mine Road | In its entirety | - |
| Middletown | Miantonami Avenue | Bliss Mine Road | Valley Road |
| Middletown | Valley Road | Miantonami Avenue | Route 138 |
| Middletown | Aquidneck Avenue | Wave Avenue | Valley Road |
| Middletown | Wave Avenue | In its entirety | - |
| Little Compton & Tiverton | Route 77 | Peckham Road - Little Compton | Route 179 - Tiverton |
| Tiverton | Neck Road | In its entirety | - |
| Little Compton | Peckham Road | Route 77 | Burchard Road |
| Little Compton | Burchard Road | In its entirety | - |
| Cumberland | Reservoir Road | Route 114 | Massachusetts Line |
| Cumberland | Route 120 | Mendon Road | Massachusetts Line |



INSPECTION INSTRUCTIONS

ATTENTION ALL HAZARDOUS WASTE TRANSPORTERS!!

The following instructions are to be used with the vehicle checklist. All information/equipment is required to be on each vehicle at all times. Failure to meet these requirements at the time of the inspection will result in non-issuance of a permit sticker for that vehicle. If at any time a permitted vehicle is inspected and does not meet these requirements, the permit sticker and permit for that vehicle may be revoked and administrative penalties may be issued.

- * List of prohibited travel roads in each vehicle¹ (see attached)
- * Company Contingency Plan with emergency procedures and emergency phone numbers, as submitted with application
- * Markings on vehicle (company name and permit number on both sides and back of vehicle - approximate size should be three inches)
- * Current, legible, valid registration for each unit (tractor and trailer), note expiration date
- * Communication device (mobile phone)
- * Protective clothing (chemical resistant gloves, boots & suit, respirator, eye protection, hardhat, etc.)
- * 16 oz. eyewash
- * First aid kit (complete)
- * Adequate absorbent materials
- * Shovel
- * Fire Extinguisher
- * Current safety inspection sticker as required by Motor Carrier Safety Regulations, 49 CFR 396.17 Appendix G.
- * For Tankers, current inspection meeting requirements of 49 CFR 180.352
- * Up-to-date payment for inspections (\$100 fee per unit inspection on account, or check for \$100 fee per unit inspection made out to "General Treasurer - State of Rhode Island")

NOTE: If spill control/emergency equipment is in a sealed spill kit, a list of materials in the spill kit must be supplied.



**Rhode Island Department of Environmental Management
Office of Waste Management
REMITTAL FORM 2010-2011**

****** ALL APPLICANTS PLEASE NOTE PROCEDURE ******

All documents and check should be sent to the address listed below: The check must be made payable to the Rhode Island General Treasurer.

**RI Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908**

Please complete this page, attach it to the check or money order. This information must be provided to coordinate your fee with the application submitted.

Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Phone No.: (_____) _____ **Existing Permit Number: RI-**_____

Contact Person: _____

TYPE OF PERMIT APPLICATION (choose 1):

- Hazardous Waste Vehicle Permit (1 year) for fiscal year: 20____ :
_____ Vehicles @ \$100/ vehicle unit= \$_____.
- Hazardous Waste Temporary Vehicle Permit (30 day increments)
Beginning Date: ____/____/20____ Ending Date: ____/____/20____
- Medical Waste Vehicle Permit for fiscal year: 20____ .
- Septage Waste Vehicle Permit for fiscal year: 20____ .
- Other (please specify): _____

NUMBER OF DECALS REQUESTED:

_____ Standard Decals requested @ \$100 per unit = \$_____ (total amount submitted)

_____ Temporary Hazardous Waste Decals @ \$25 per unit= \$_____ (Total Amount Submitted)

| |
|---|
| <p>FOR OFFICE USE ONLY: Fee Amount Received: \$ _____ Date Received: _____ Check #: _____ Receipt Account: 17-18-211 Processed by OWM: <input type="checkbox"/></p> |
|---|



STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

OFFICE OF WASTE MANAGEMENT

Hazardous Waste Transporter Renewal Form
(To be filled out for all vehicles listed in the spreadsheet)

FOR OFFICE USE ONLY
File Name _____
Date Received: _____

Applicant: _____ Date: _____

RI Permit Number: RI- _____

Fee Submitted: Y/N Amount: _____ Check No.: _____

Completion of this form certifies that all the vehicles for which renewal is requested have the required items on board.

Check to Verify Compliance

- _____ Prohibited Travel Roads Posted
- _____ Emergency Procedures in Vehicle
- _____ Markings (Name & Permit #) on Vehicle
- _____ Valid Registration(s), _____ Exp. Date : _____
- _____ Communication Device
- _____ Protective Clothing
- _____ Eyewash (16 oz.)
- _____ First Aid Kit
- _____ Absorbent Material
- _____ Shovel
- _____ Fire Extinguisher
- _____ Current DOT Safety Inspection (49 CFR 396.17)
- _____ Current DOT Tanker Inspection (49 CFR 180.352)

In Accordance with Rhode Island General Law §23-19.1 – 18(h):

I hereby certify that I am aware that any person who knowingly makes a false, statement, representation, or certification, in any application, record, report, plan, permit, or other document filed, maintained and used for the purposes of program compliance under this chapter shall be deemed guilty of a felony.

SIGNATURE OF COMPANY INSPECTOR

NAME PRINTED

DATE



STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT

FOR OFFICE USE ONLY
STICKER NO:
DATE ISSUED:

**THIS FORM IS FOR ADDING NEW VEHICLES
AFTER SUBMISSION OF PERMIT APPLICATION ONLY**

Hazardous Waste Transporter Inspection Form

ONE CHECKLIST MUST BE SUBMITTED FOR EACH UNIT (TRACTOR OR TRAILER)

Applicant: _____ Date: _____
RI Permit Number: _____
Fee Submitted: Y/N Amount: _____ Check No.: _____
Is this a **TRACTOR**: ___ or a **TRAILER**: ___ or **TANKER** ___ or **STRAIGHT TRUCK**: ___
Reg. No.: _____ Reg. State: _____
Year/Make: _____ V.I.N. No.: _____
(Last Five Digits)

The following items must be certified in order to obtain a sticker for each unit:
(See attached inspection instructions for specifics)

Check to Verify Compliance

- _____ Prohibited Travel Roads Posted
- _____ Emergency Procedures in Vehicle
- _____ Markings (Name & Permit #) on Vehicle
- _____ Valid Registration(s), _____ Exp. Date
- _____ Communication Device
- _____ Protective Clothing
- _____ Eyewash (16 oz.)
- _____ First Aid Kit
- _____ Absorbent Material
- _____ Shovel
- _____ Fire Extinguisher

DOT Safety Inspection Date: _____ DOT Tanker Inspection Date: _____

In Accordance with Rhode Island General Law §23-19.1 - 18(h):

I hereby certify that I am aware that any person who knowingly makes a false, statement, representation, or certification, in any application, record, report, plan, permit, or other document filed, maintained and used for the purposes of program compliance under this chapter shall be deemed guilty of a felony.

SIGNATURE

NAME (PRINTED)

DATE