

## Certification for Transport of Viral Hemorrhagic Fever (VHF) Waste

Additional information and forms can be found at:  
<http://www.dec.ny.gov/chemical/8483.html>

Business Name _____	Permit No. _____
Business Address _____	
City _____	County _____
State/Province _____	Zip Code _____
Phone _____	Email _____

**List the Generating Facilities Where the VHF Waste Will be Picked up from:**

Name	Street	City	Phone

List Treatment/Disposal Facility(s) Name, Address and Phone No. Where the Waste Will Be Managed	FACILITY Permit No.

**IMPORTANT:** All transporters must submit proof that they have applied for and received a special permit or party status on a special permit from USDOT for packaging and transport of VHF waste. In addition, all VHF waste must be directly hauled to the treatment or disposal facility with no transfer or storage allowed.

List License Plate of Vehicles Transporting VHF Waste	State/Province

**Important:** Roll off containers may not be used for transport of VHF waste. All vehicle transporting VHF waste must be disinfected between uses.

**PLEASE TAKE NOTICE**, that transport of regulated waste not identified on your permit in a vehicle not listed on your permit, and/or disposal of regulated waste at an unauthorized facility or at an authorized facility not listed on your permit is a violation of the provisions of Environmental Conservation Law (“ECL”) §27-0305(5) and the regulations promulgated pursuant thereto 6 NYCRR §364(3)(a)(2)(3) and (4). ECL §71-2703 provides that any person who violates any of the provisions of, or who fails to perform any duty imposed by title 3 of article 27 of this chapter or any rule or regulation promulgated pursuant thereto, or any term or condition of any certificate or permit issued pursuant thereto, or any final determination or order of the commissioner made pursuant to this title shall be liable for civil and/or criminal penalties.

I hereby certify that the information contained in this **Certification for Transport of VHF Waste Form** contains no information that I know to be false, to be incomplete, or to have changed without notification to the Department. I also certify that all employees who are or will be involved in the transportation and handling of VHF Waste have been trained in accordance with the requirements set forth in 49 CFR § 172.700 subpart H, and 29 CFR §1910.120 and 1910.1200 before they handle VHF waste. I also certify that all insurance coverages comply with 6 NYCRR 364.5. I am aware that if I have knowingly omitted or falsified any information required to be disclosed, processing of the application may be delayed, and the certification or permit sought by the application may be denied or subsequently revoked. I am aware that false statements or omissions herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS Penal Law. Further, I affirm that all transfer, storage, treatment and disposal facilities to which I transport VHF waste are authorized to accept the waste(s) identified by this certification, and have provided me with written permission to dispose of this waste. Finally, I agree to indemnify and hold The People of the State of New York, the Department, their officials, employees and contractors harmless from any claim or liability arising directly or indirectly out of this certification, and the information contained herein, and any permit issued pursuant thereto.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax (518) 402-9034, email: [transport@dec.ny.gov](mailto:transport@dec.ny.gov) or mail this completed from to:  
**NYSDEC, Division of Materials Management**  
**625 Broadway, Fl.9**  
**Albany, NY 12233-7251**  
The Department will modify the transporters permit to identify specific certification for the transportation of VHF contaminated waste.  
VHF RMW may not be transported without this specific certification in the permit, or taken to any facility not identified on the modified permit for acceptance of VHF waste.