

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 DIVISION OF SOLID & HAZARDOUS MATERIALS
 625 Broadway, 9th Floor, Albany NY 12233-7253

WASTE TRANSPORTER PERMIT RENEWAL NOTICE & APPLICATION
 Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law, 6 NYCRR Part 364 & 6 NYCRR Part 381

Transporter Name:	Permit No. Expires:
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Annual Report Destination Facility Information
 For reporting period January 1, 20____ to December 31, 20____

Destination Facility

FACILITY NAME:	CONTACT NAME:
STREET ADDRESS:	
CITY:	STATE: ZIP: PHONE:

Waste Information

For your renewal		Waste Description	Annual Report Amounts		Units**
Add	Delete*		Within NYS	Outside NYS	
<input type="checkbox"/>	<input type="checkbox"/>	Non-Hazardous Industrial/Commercial			tons
<input type="checkbox"/>	<input type="checkbox"/>	Waste Tires			tons
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos			tons
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Contaminated Soil			tons
<input type="checkbox"/>	<input type="checkbox"/>	Grease Trap Waste			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Septage only (residential)			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Residential Raw Sewage including Portable Toilet Waste			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Non-Residential Raw Sewage or Sewage-Contaminated Wastes			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Sludge from Sewage or Water Supply Treatment Plant			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Industrial/Commercial			tons
<input type="checkbox"/>	<input type="checkbox"/>	Waste Oil			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Medical			tons
<input type="checkbox"/>	<input type="checkbox"/>	Low-Level Radioactive Waste (LLRW)			tons
<input type="checkbox"/>	<input type="checkbox"/>	Mixed Waste (LLRW mixed with Hazardous Waste)			tons

* If you are removing a waste type from this destination facility, you must still fill in an Annual Report Amount for the reporting period indicated at the top of the page.

** Units must be indicated in GALLONS or TONS ONLY.

Use additional pages as necessary to include all Destination Facilities you wish to utilize.