



Environmental Protection and Growth Management Department
POLLUTION PREVENTION, REMEDIATION AND AIR QUALITY DIVISION
Mailing Address: One North University Drive, Suite 203, Plantation, FL 33324
954-519-1260 • FAX 954-765-4804

APPLICATION FOR:
WASTE TRANSPORT LICENSE

(Check all that apply)

- [] Sludge Hauling
[] Discarded Hazardous Material Hauling
[] Biomedical Waste Hauling

The application fee for a new license is \$55. The renewal application fee of \$25 is waived for licenses with no violations during the expiring term. Please make your check payable to BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and submit with your application.

The license operating fee is now based on usage. Your monthly usage report and fees are due by the 15th of each month for the prior month's usage.

- 1. Purpose of application (check one): [] New License \$55 license fee
[] Renewal \$25 renewal fee*
[] Modification
[] Added Trucks: Specify # of trucks added:
[] Other, specify:

2. General Information:

Name of Business:

Address:

City: State: ZIP: Telephone:

Mailing Address (if different from above):

City: State: ZIP: Telephone:

Name of Contact: Title:

*The renewal fee of \$25 is waived when the licensee has had no violation during the term.

3. Addresses Where Vehicles Are Stored:

Street Address: _____ City: _____ State: _____

Street Address: _____ City: _____ State: _____

Street Address: _____ City: _____ State: _____

4. Destination Site: List name, address and telephone number of destination site. Specify if the destination site is a transfer, storage, disposal, or recycling facility. List type of material and quantities to be hauled per month. For domestic sludge haulers, specify the type of sludge (i.e. Septic tank, grease trap, portable toilet, WWTP, or other). Attach additional sheets if necessary.

Destination	Type of Sludge or Waste	Estimated Quantity	
		Gallons	Lbs
Name: _____ Address: _____ City: _____ State: _____ Telephone: _____ Check type of facility: <input type="checkbox"/> transfer <input type="checkbox"/> storage <input type="checkbox"/> disposal <input type="checkbox"/> recycling			
Name: _____ Address: _____ City: _____ State: _____ Telephone: _____ Check type of facility: <input type="checkbox"/> transfer <input type="checkbox"/> storage <input type="checkbox"/> disposal <input type="checkbox"/> recycling			
Name: _____ Address: _____ City: _____ State: _____ Telephone: _____ Check type of facility: <input type="checkbox"/> transfer <input type="checkbox"/> storage <input type="checkbox"/> disposal <input type="checkbox"/> recycling			

7. Certification by Applicant:

I, the owner/authorized representative of _____ am aware that statements made in this form and attached exhibits are an application for a license from the Pollution Prevention, Remediation and Air Quality Division and certify that the information in this application is true, correct, and complete to the best of my knowledge and belief. Further, I, the undersigned, agree to comply with all the rules and regulations of Broward County. It is understood that the license is not transferable and, if granted, the County will be notified prior to the sale of legal transfer of this licensed establishment.

Signature of Owner or *Authorized Agent

Name and Title (please print)

*attach letter of authorization