



CONTRA COSTA HEALTH

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cchealth.org

NON-FRANCHISE SOLID WASTE TRANSPORT ONLY APPLICATION (APPLICATION FEE IS DUE AND NON-REFUNDABLE)

SECTION 1: APPLICATION TYPE

New Renewal Update Information

SECTION 2: CONTACT INFORMATION

A. Applicant Information

APPLICANT NAME :		
APPLICANT ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
APPLICANT EMAIL :		

B. Business Information (If Sole Proprietor, provide a copy of a valid fictitious business name statement for the business. All others, provide written documentation that the entity may lawfully conduct business in the unincorporated area.)

BUSINESS NAME :	<input type="checkbox"/> CORP <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> SOLE PROPRIETOR
BUSINESS ADDRESS :	EMPLOYER IDENTIFICATION NUMBER (EIN) :
CITY / STATE / ZIP CODE :	PHONE # : FAX # :
BUSINESS EMAIL :	
CARRIER IDENTIFICATION NUMBER (provide proof of possession, if applicable) :	US DEPT. OF TRANSPORTATION (DOT) NUMBER (if applicable) :
BUSINESS MAILING ADDRESS (if different from above) :	
CITY / STATE / ZIP CODE :	

SECTION 3: REFUSE HAULING VEHICLE(S)

A. Vehicle Information (if more than 4, attach separate sheet)

Vehicle No.	Make	Model	License Plate #	Vehicle Identification #	Roll-Off Box
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

****Note: Attach copies of valid California vehicle registration cards for each vehicle.**

FOR OFFICE USE ONLY

SR#:	FA#:	PR# :	P/E:	EHT:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	METHOD OF PAYMENT: <input type="checkbox"/> CASH/CHK <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C			RECEIPT #: XR

B. Location Where Vehicle(s) Are Stored

STREET ADDRESS :
CITY / STATE / ZIP CODE :

SECTION 4: REFUSE HAULING VEHICLE OPERATOR(S)

A. Operator Information (if more than 10, attach separate sheet)

Operator's Name	Driver's License No.	Operator's Name	Driver's License No.

****Note:** Provide documentation of each operator's legal authority to operate a refuse hauling vehicle, including copies of valid California Driver's Licenses.

SECTION 5: LOCATION(S) WHERE SOLID WASTE IS TRANSPORTED (if more than 4, attach separate sheet)

Facility Name	Address

SECTION 6: BOND & INSURANCE REQUIREMENT

A. Performance Bond Information (Provide copy of the Non-Franchise Solid Waste Hauler Bond form)

SURETY COMPANY NAME :		
SURETY COMPANY ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
POLICY NUMBER :	EFFECTIVE DATE :	

B. Liability Insurance Information (Provide proof of liability insurance)

INSURANCE COMPANY NAME :		
INSURANCE COMPANY ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
POLICY NUMBER :	EFFECTIVE DATE :	EXPIRATION DATE :

SECTION 7: SUPPLEMENT DOCUMENTS REQUIRED (if applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fictitious Business Name Statement | <input type="checkbox"/> California Driver's License(s) | <input type="checkbox"/> Proof of Liability Insurance |
| <input type="checkbox"/> Proof of Valid Motor Carrier Identification | <input type="checkbox"/> Map of Intended Service Area | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Vehicle Registration Card(s) | <input type="checkbox"/> Non-Franchise Solid Waste Hauler Bond | |

SECTION 8: TERMS / SIGNATURE

The undersigned hereby certifies that all of the information provided on this application is true and accurate, and agrees to notify Contra Costa Environmental Health of any changes that occur including, but not limited to, the type(s) of business activity, business name, business address, vehicle(s), vehicle storage location, liability insurance coverage, performance bond, business ownership, and/or closure.

The signature below must be from an owner, partner or corporate officer (for corporations and limited liability companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed hard copy of this application.

APPLICANT NAME (Please print) :

SIGNATURE OF APPLICANT: _____ DATE : _____