



# CITY of MODESTO

Public Works Department:  
Environmental Compliance Section

1221 Sutter Avenue, Modesto, CA 95351  
(209) 577-6377 Fax (209) 577-6290

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## LIQUID WASTE HAULER PERMIT APPLICATION 2010/2011

PERMIT NO. \_\_\_\_\_

Please Type or Print Neatly.

1. Applicant Business Name: \_\_\_\_\_
2. City of Modesto Business License Number: \_\_\_\_\_
3. Stanislaus County Permit Number: \_\_\_\_\_
4. Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_
5. Name of Registered Truck Owner: \_\_\_\_\_
6. Name of Legal Truck Owner: \_\_\_\_\_
7. Individual responsible for application, if other than registered truck owner:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

8. Truck Data: **(If you operate more than one truck, please include data for each truck)**

A. Truck # \_\_\_\_\_

B. Tank Capacity (Gallons): \_\_\_\_\_

C. CA License Plate No: \_\_\_\_\_

D. Does the truck have an acceptable extension of attachments for dumping directly in the station?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what process is used for direct dumping of liquid waste?

E. Circle the days of the week that operation/dumping occurs:

Sun.      Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.

E. Does this vehicle transport any wastes other than household septic tank wastes?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the other types of wastes (i.e. chemical wastes, oil and grease, used motor oil, etc.). Also list where they originate (i.e. industry, restaurant, gas station, etc.).

Type of Waste

Name, Address, and Type of Operation  
Of Non-Domestic Customer

List all permits or authorizations for the disposal of any wastes listed above:

Permit Type and Number

Issuing Agency

Expiration Date

9. Name of Insurance Carrier: \_\_\_\_\_  
(Auto and General Liability)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has a copy of your Certificate of Insurance been filed with the City of Modesto?

Yes \_\_\_\_\_ No \_\_\_\_\_

(This must be done prior to approval of this permit)

10. Certification:

I have personally examined and am familiar with the information contained in this application and believe that the submitted information is true, accurate and complete. In addition, I am aware of the conditions and requirements of the Liquid Waste Hauler Permit and agree to meet them at all times. Failure to comply with Permit Conditions may result in the immediate suspension or revocation of the Liquid Waste Hauler Permit.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_