General Permit Registration Form to Perform One Day Collections of Certain Wastes and Household Hazardous Waste

Please complete this form in accordance with the instructions (DEEP-RCY-INST-007) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

Part I: Registration Type

Check the appropriate box identifying the registration type.

☐ A new registration
☐ A renewal of an existing registration
☐ A modification of an existing registration

Identify any existing permit or registration approval already issued:
Permit or registration number:
Date granted:

Town where site is located: ________________________________________________

Brief Description of Project: ______________________________________________

Part II: Fee Information

A fee of two thousand five hundred ($2,500) dollars is to be submitted with each registration that you are submitting. The registration will not be processed without the fee.

The fee is non-refundable and shall be paid by check or money order to the: Department of Energy and Environmental Protection. For municipalities, a fifty percent (50%) discount of the registration fee applies.
Part III: Registrant Information

- If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant’s name shall be stated exactly as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State’s database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))

- If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr., Sr., II, III, etc.).

- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the Request to Change Company/Individual Information to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

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<thead>
<tr>
<th>1. Registrant Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>City/Town:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Business Phone:</td>
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<td>ext.:</td>
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<tr>
<td>Contact Person:</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>ext.</td>
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<td>*E-mail:</td>
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</tbody>
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*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP if your e-mail address changes.

a) Registrant Type (check one):

- individual
- federal agency
- state agency
- municipality
- tribal
- *business entity (*If a business entity complete i through iii):
  i) check type: corporation
     - limited liability company
     - limited partnership
     - limited liability partnership
     - statutory trust
     - Other: ________________________
  ii) provide Secretary of the State business ID #: ________________________ This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))
  iii) Check here if your business is NOT registered with the Secretary of State’s office.
      Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

b) Registrant's interest in property at which the proposed activity is to be located:

- site owner
- option holder
- lessee
- easement holder
- operator
- other (specify): ________________________
### Part III: Registrant Information (continued)

2. **Billing contact, if different than the registrant.**
   - Name:
   - Mailing Address:
     - City/Town: 
     - State: 
     - Zip Code: 
   - Business Phone: ext.: 
   - Contact Person: Phone: ext. 
   - E-mail: 

3. **Primary contact for departmental correspondence and inquiries, if different than the registrant.**
   - Name:
   - Mailing Address:
     - City/Town: 
     - State: 
     - Zip Code: 
   - Business Phone: ext.: 
   - Contact Person: Phone: ext. 
   - *E-mail: 

   *By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP if your e-mail address changes.

4. **Transporter**
   - Name:
   - Mailing Address:
     - City/Town: 
     - State: 
     - Zip Code: 
   - Business Phone: ext.: 
   - Contact Person: Phone: ext. 
   - E-mail: 

5. **Hazardous Waste Transporter Permit No.**

6. **Biomedical Waste Transporter Permit No.**
Part IV: Registrant Certification

Those individual(s) responsible for preparing this registration must sign below. This registration will be considered incomplete unless all required signatures are provided. If the registrant/applicant is the preparer, mark N/A in the spaces provided for the preparer.

“I have personally examined and am familiar with the information submitted in this document and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I also certify that an Emergency Preparedness and Prevention and an Operation and Management Plan has been prepared in accordance with the requirements in Section 5(a)(1) of the General Permit to Perform One Day Collections of Certain Wastes and Household Hazardous Waste and is available at the site or upon request by the commissioner.”

Signature of Registrant/Applicant

Date

Name of Registrant/Applicant (print or type)

Title (if applicable)

Signature of Preparer (if different than applicant)

Date

Name of Preparer (print or type)

Title (if applicable)

☐ Check here if additional signatures are required. You must include signatures of any person preparing any report or parts thereof required in this submittal (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) If needed, reproduce this page and attach signed copies to this sheet.

Please submit:

(1) Completed Registration Form;
(2) One copy of the entire package; and
(3) Fee

To:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127