

## Connecticut Department of Public Health Drinking Water Section

## **APPLICATION: BULK WATER HAULING LICENSE**

APPLICANT'S CONTACT INFORMATION						
Last Name	M. Initial	Initial First Name				
Company Name Applying For License (Corporation or Partnership or Sole Proprietor)						
Names and Addresses of all officers of the Corporation or members of the Partnership, including name of General Partner (Attach Separate Sheet of paper as necessary)						
Address Line 1 (St. Address or P.O. Box #)	City	,		ST	Zip	
Address Line 2 (Apt. #, Suite #, Box # - can be left blank	() City	City		ST	Zip	
Business Address where vehicles stored if different from Abov	ve City	,		ST	ZIP	
Agent of Service Address for the Corporation or Partners	ship City	City		ST	ZIP	
Email	Tel	Telephone				
Fax	Cel	Cell Phone				
State Business Identification Number	Em	Employer Identification Number (EIN)				
Approved Source of Drinking Water from Which the Water to be hauled is Drawn:	Put	Public Water Supply Identification Number (PWSID)				
Attach a Copy of the Company's Technical Methods and Standard Operating Procedures for maintaining good Sanitary Practices to the Application: (See DPH Links for Bulk Water Hauling Guidelines and the Bulk Water Hauling Notification Form Below)						
http://www.ct.gov/dph/lib/dph/drinking_water/pdf/Bulk_Water_Hauling_Guidelines.pdf						
http://www.ct.gov/dph/lib/dph/drinking_water/pdf/Bulk_Water_Hauling_Notification_Form.pdf						

List the Motor Vehicles utilized for Bulk Water Hauling (Attach Separate Sheet of paper as necessary)

Vehicle (Cab) and Tanker Identification Number VIN	Cab (C) Tanker (T)	State of Connecticut License Plate Number	Location Where Equipment Stored	Volume (Capacity in gals) of Tanker	Type of Tank (Stainless Steel, (ss) Bare Steel, (bs) etc.)	Pumper Available And Size	Tanker Age	History of Tankers prior Use
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**** A list of the names of the Individuals operating the vehicles noted above that were trained by the applicant must be						must be		

retained by the applicant and be made available upon request.

## **APPLICANT'S STATEMENT OF CERTIFICATION:**

I certify that the information that I have provided in this application is correct and I understand that any deceptive or fraudulent information is grounds for suspension, revocation, or any other disciplinary action set forth in section 19a-17 and 53a-157b of the Connecticut General Statutes. Applicant further agrees to comply with the bulk water hauling regulations effective upon adoption, including the periodic inspection of equipment as deemed necessary by the department.

Applicant's Printed Name	Applicant's Signature	Date signed
License Number	Authorized Signature	Date signed
For DPH Use Only		