



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.

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program: Transfer Station General Permit

Part I: Registration Type

Check the appropriate box identifying the registration type.

This registration is for (check one): <input type="checkbox"/> A <i>new</i> registration <input type="checkbox"/> A <i>renewal</i> of an existing registration <input type="checkbox"/> A <i>modification</i> 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) [#1404] dollars is to be submitted with <i>each</i> registration that you are submitting. The fee for municipalities is 50% of the above listed rate. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or by any other method as the commissioner may allow.

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 (business.ct.gov)
- 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 Innovative Partnerships and Planning at DEEP.OPPD@ct.gov. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Registrant Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail:			
<p>*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.</p>			
a) Registrant Type (check one):			
<input type="checkbox"/> individual	<input type="checkbox"/> federal agency	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality <input type="checkbox"/> tribal
<input type="checkbox"/> *business entity (*If a business entity complete i through iii):			
i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership			
<input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____			
ii) provide Secretary of the State business ID #:_____This information can be accessed at the Secretary of State's database. (onlineBusinessSearch (ct.gov))			
iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.			
<input type="checkbox"/> 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:			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	<input type="checkbox"/> easement holder <input type="checkbox"/> operator
<input type="checkbox"/> 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.

<p>“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 certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>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.</p> <p>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 <i>General Permit to Perform One Day Collections of Certain Wastes and Household Hazardous Waste</i> and is available at the site or upon request by the commissioner.”</p>	
<hr/> Signature of Registrant/Applicant	<hr/> Date
<hr/> Name of Registrant/Applicant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than applicant)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<p><input type="checkbox"/> 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.</p>	

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