



**Connecticut**  
**Department of Energy &  
 Environmental Protection**

**Bureau of Materials Management and Compliance Assurance**  
**Waste Engineering and Enforcement Division**

# Permit Application for Waste Transportation

Please complete this form in accordance with the [instructions](#) (DEEP-WEED-INST-400), CGS section 22a-454 for hazardous waste transportation and RCSA section 22a-209-15 for biomedical waste transportation, in order to ensure the proper handling of your application. Print or type unless otherwise noted.

|                                   |
|-----------------------------------|
| CPPU USE ONLY                     |
| App #: _____                      |
| Doc #: _____                      |
| Check #: _____                    |
| <b>Program: Waste Transporter</b> |

## Part I: Application Type and Description

Check the appropriate box identifying the application type.

|  |  |
|--|--|
| <p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing permit<br/>       Existing transporter permit #: _____</p> | <p>Please provide the following if applicable:</p> <p>1. EPA ID number:<br/> <i>(only required if transporting RCRA hazardous waste)</i></p> <p>2. U.S. DOT #:</p> |
|--|--|

## Part II: Permit Type and Fee Information *(Select from A and B OR C)*

|  |   |
|--|---|
| <p>A. <input type="checkbox"/> Hazardous Waste Transporter (RCRA and <a href="#">non-RCRA hazardous waste</a>) <i>(If applying for a Spill Clean-Up Contractor select (i) and Section B)</i></p> <p>(i) <input type="checkbox"/> \$940.00 (one-year permit) [#263]</p> <p>(ii) <input type="checkbox"/> \$2,820.00 (three-year permit) [#264]</p>  | <p>(iii) <input type="checkbox"/> \$1,880.00 (two-year permit) [#265]</p> <p>(iv) <input type="checkbox"/> \$3,760.00 (four-year permit) [#262]</p> |
| <p>B. <input type="checkbox"/> Spill Clean-Up Contractor <i>(select <b>only</b> (i) above also)</i></p> <p><i>(Applicants for a Spill Clean-Up Contractor must also apply for a <b>one-year</b> Hazardous Waste Transporter Permit - option (i) from section A of Part II of this form.) For an emergency response, the response time must be within 90 minutes.</i></p>                   | <p>\$940.00 (one-year permit) [#351]</p>  |
| <p>C. <input type="checkbox"/> Biomedical Waste Transporter <i>(If applying for a Biomedical Waste Transporter then <b>only</b> select C – cannot select from sections A or B of Part II of this form.)</i></p> <p><i>(Applicants for Biomedical Waste Transporter cannot use one application form for additional waste transporter permits- must use separate application forms.)</i></p> | <p>\$1,750.00 (two-year permit) [#345]</p>  |
| <p>The above fees are to be submitted for each permit that you are applying for. The application 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.</p>  |   |



### Part III: Applicant Information (continued)

#### 3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

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 the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

#### 4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

### Part IV: Activity or Company Information

#### Type of Business

1. Check the appropriate box(es) for all waste types that the applicant is in the business of transporting or proposes to transport:

[Non-RCRA Hazardous Waste](#)     [RCRA Hazardous Waste](#)     [Biomedical Waste](#)

2. Will the applicant engage in the transfer of hazardous waste from one vehicle to another or one mode of transport to another in the State of Connecticut?     Yes     No

If you answered yes, then you must also apply for a CGS Section 22a-454 Waste Facility permit. For assistance in applying for this permit, or if you have questions on this process, please contact the Bureau of Materials Management and Compliance Assurance at 860-424-3366.

#### General Information

3. a. Do you desire to be on our [Public List of Waste Transporters](#)?     Yes     No  
b. Do you desire to be on our [Public List of Spill Contractors](#)?     Yes     No

## Part V: Supporting Documents

Be sure to read the instructions (DEEP-WEED-INST-400) to determine whether the attachments listed are applicable to your specific activity. Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

|  |                |   |
|--|----------------|---|
| <input type="checkbox"/>   | Attachment A:  | Applicant/Owner Information (DEEP-WEED-APP-408) - <b>REQUIRED FOR ALL APPLICATIONS</b>  |
| <input type="checkbox"/>   | Attachment B:  | <a href="#">Applicant Compliance Information Form</a> (DEEP-APP-002) - <b>REQUIRED FOR ALL APPLICATIONS</b>   |
| <input type="checkbox"/>   | Attachment C:  | Certificate of Insurance and MCS-90 Forms - <b>REQUIRED FOR ALL APPLICATIONS</b> <ul style="list-style-type: none"><li>• Include an original copy of the <b>Certificate of Insurance</b> listing as the certificate holder: the Connecticut Department of Energy and Environmental Protection, Bureau of Materials Management and Compliance Assurance, 79 Elm Street, Hartford, CT 06106-5127.</li><li>• Include an MCS-90 Endorsement to the policy(ies) identified on the Certificate of Insurance to verify that the applicant has met the minimum levels of financial responsibility as required by 49 CFR Part 387, and RCSA Section 22a-209(15)(g)(4) if applying for a Biomedical Waste Transporter Permit.</li></ul> |
| <input type="checkbox"/>   | Attachment D:  | List of Transporter Permits Held in Other States (DEEP-WEED-APP-401)  |
| <input type="checkbox"/>   | Attachment E1: | List of Wastes: Non-RCRA Hazardous Waste (DEEP-WEED-APP-403)  |
| <input type="checkbox"/>   | Attachment E2: | List of Wastes: RCRA Hazardous Waste (DEEP-WEED-APP-404)  |
| <input type="checkbox"/>   | Attachment E3: | List of Wastes: Biomedical Waste (DEEP-WEED-APP-405)  |
| <b>Attachment F is only to be completed and submitted if you are applying for Spill Clean-up Contractor Permit</b> |                |   |
| <input type="checkbox"/>   | Attachment F:  | Spill Clean-up Contractor Application (DEEP-WEED-APP-407) ( <b>please do not submit with Hazardous Waste or Biomedical Waste Transporter application if not applying for a Spill Clean-up Contractor Permit</b> )   |

## Part VI: Application Certification

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

|  |                       |
|--|-----------------------|
| <p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, 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.</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 certify that this permit application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p> <p>For Spill Contractors Applications:</p> <p><input type="checkbox"/> “I also certify that all employers/employees have been trained to OSHA 1910.120 technician level prior to responding to emergency sites. “</p> |                       |
| Signature of Applicant   | Date                  |
| Name of Applicant (print or type)  | Title (if applicable) |
| Signature of Preparer  | Date                  |
| Name of Preparer (print or type)   | Title (if applicable) |
| <p><input type="checkbox"/> Check here if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.</p>  |                       |

Note: Please submit the completed Application Form, Fee, and all Supporting Documents (including the [Applicant Compliance Information Form](#) and **Certificate of Insurance and MCS-90 forms**) to:

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

***Failure to include all required documentation may cause your application to be rejected, meaning you will need to resubmit the required application and fee.***



# Attachment A: Applicant/Owner Information

## Section 1

How many legal owners of the business? \_\_\_\_\_

- a. Identify all legal owners, their ownership type and if a corporation list the names and titles of all corporate officers

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Owner Type (check one):  Proprietorship  Partnership  Corporation

- b. If a corporation, complete the following:

Date of Incorporation:

City:

State:

List the names, titles and addresses of all corporate officers:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Title:

E-mail:

---

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Title:

E-mail:

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Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Title:

E-mail:

Check here if additional sheets are necessary, and label and attach them to this sheet.

**Attachment A: Applicant/Owner Information (continued)**

**Section 2**

Does the applicant or owner(s) stated in section 1, including all partners and corporate officers, engage in other activities or own other companies that transport, treat, store, recover, or dispose of oil and chemical waste, hazardous waste, and/or biomedical waste?     Yes     No

If yes was checked, identify the owners of such companies or activities, the name of the company, the company address and the type of activities performed.

Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

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Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

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Owner's Name:

Company Address:

City/Town:

State:

Zip Code:

Type of Activity:

**Section 3**

List the number of waste transportation sites that the applicant operates in Connecticut: \_\_\_\_\_

Identify the managers of each of the sites located in Connecticut.

Name:

Site Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

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Name:

Site Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

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Name:

Site Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Check here if additional sheets are necessary to complete sections 2 or 3, and label and attach them to this sheet.







## Attachment E1: List of Wastes

### Non-RCRA Hazardous Waste:

Applicant Name: \_\_\_\_\_

(as indicated on the Application Form)

Complete the table by listing the type(s) of waste intended to be transported and the waste disposal information:

| Waste Number | Waste Name | Physical and Chemical Characteristics of Waste | Waste Management Facility Name and Address | Facility Management Method(s) |
|--------------|------------|--|--|-------------------------------|
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |
|              |            |  |  |                               |

Check here if additional sheets are necessary, and label and attach them to this sheet.

## Attachment E2: List of Wastes

### RCRA Hazardous Waste [CGS Section 22a-449(c)]:

Applicant Name: \_\_\_\_\_

(as indicated on the Application Form)

Complete the table by listing the type(s) of waste intended to be transported and waste disposal information:

| EPA Waste Number  | Waste Management Facility Name and Address | Facility Management Method(s) |
|---|--|-------------------------------|
| <input type="checkbox"/> All HW per 40 CFR 261<br><input type="checkbox"/> Specific Waste Codes [List each]:<br><input type="checkbox"/> Not Applicable |  |                               |
| <input type="checkbox"/> All HW per 40 CFR 261<br><input type="checkbox"/> Specific Waste Codes [List each]:<br><input type="checkbox"/> Not Applicable |  |                               |
| <input type="checkbox"/> All HW per 40 CFR 261<br><input type="checkbox"/> Specific Waste Codes [List each]:<br><input type="checkbox"/> Not Applicable |  |                               |
| <input type="checkbox"/> All HW per 40 CFR 261<br><input type="checkbox"/> Specific Waste Codes [List each]:<br><input type="checkbox"/> Not Applicable |  |                               |
| <input type="checkbox"/> All HW per 40 CFR 261<br><input type="checkbox"/> Specific Waste Codes [List each]:<br><input type="checkbox"/> Not Applicable |  |                               |
| <input type="checkbox"/> All HW per 40 CFR 261<br><input type="checkbox"/> Specific Waste Codes [List each]:<br><input type="checkbox"/> Not Applicable |  |                               |

Check here if additional sheets are necessary, and label and attach them to this sheet.

# Attachment E3: List of Wastes

## Biomedical Waste [CGS Section 22a-208(a)]:

Applicant Name: \_\_\_\_\_

(as indicated on the Application Form)

Complete the table by listing the type(s) of waste intended to be transported and waste disposal information:

| Type of Waste (e.g., chemotherapy waste, pathological waste, other, etc.) | Facility Name and Address | Facility Type (e.g., biomedical waste transfer facility, transfer station, etc.) |
|---|---------------------------|--|
|   |                           |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |
|   |                           |  |

Check here if additional sheets are necessary, and label and attach them to this sheet.



## Attachment F: Supplemental Application for Spill Clean-Up Contractors

1. Applicant Name:  
(as indicated on the Application Form)

2. Company Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Answering Service Phone:

24-hour Phone Numbers:

List of Supervisors:

List of Full-time Employees:

3. Estimate the number of days in the past year that your company was operating out of state:

### 4a. Spill Clean-Up Contractor MINIMUM Equipment List, Training and Certification

**ALL OF** the equipment on the following list is required for those companies applying for a spill-cleanup contractor permit from the Connecticut Department of Energy and Environmental Protection. **ANY DEVIATION** from this 'Minimum Equipment List' should be denoted in the space provided in this Attachment on Page 3 of 7. The Department considers this list as the minimum acceptable equipment required for a spill cleanup contractor. The information contained herein is to be used for permitting purposes. Applicants should use this list only as a guideline for obtaining a permit to perform clean-up activities in response to minor to moderately sized petroleum releases. ***This list does not include equipment necessary to respond to a chemical or substantial petroleum release*** and should not be considered a comprehensive list. There are many additional equipment items that may be necessary for a spill cleanup contractor to carry out routine spill response work in a safe and effective manner.

Check each box as verification that each requirement has been met. These requirements are **SUBJECT TO AN AUDIT**.

#### Section 1 – Containment Equipment

- A. 250 feet of skirted containment or hard boom with 4 inch freeboard
- B. 40 bales of sorbent pads
- C. 20 bales of sorbent boom
- D. 40 bags of "speedi-dri" or equivalent absorbent material
- E. Plug and patch equipment

## Attachment F: Supplemental Application for Spill Clean-Up Contractors (continued)

### Section 2 - Boats:

- A. Minimum boat length is 14 feet and suitable to maneuver a boom
- B. Minimum boat engine size is 15 HSP
- C. Personal flotation devices (PFDs) for each responder
- D. Foul weather "Mustang type flotation suit" for each responder

### Section 3 - Removal Equipment

- A. Vacuum truck with minimum tank capacity of 3000 gallons
- B. 200 feet of 2 inch vacuum hose with "ever-titer style" connectors
- C. Assorted couplings, reducers, and adapter fittings for above hose
- D. 20 55-gallon "DOT 55H" drums
- E. 5 85-gallon over pack drums any type
- F. Hand tools (brooms and shovels)
- G. Sampling equipment (bailers, sample containers and labels)

### Section 4 - Personal Protective Equipment

- A. FPA/OSHA approved helmets with face shield (for each responder)
- B. NFPA/OSHA approved bunker coat and pants (for each responder)
- C. NFPA/OSHA approved steel toe fire boots (for each responder)
- D. NFPA/OSHA approved fire fighting gloves (for each responder)
- E. NFPA/OSHA approved Nomex hood (for each responder)
- F. Tyvek or Equivalent disposable outer wear (min. 6 cases)
- G. Saranex or equivalent disposable outer wear (min. 6 cases)
- H. Disposable rubber over boots (min. 6 cases)
- I. Approved hardhats, shoes, eye protection and safety vests are available for all response personnel
- J. LEL / O2 METER for use on highway accident scenes
- K. Vehicle grounding capability
- L. Self Contained Breathing Apparatus (SCBAs) (minimum of 4)
- M. Respirators with appropriate cartridges (minimum of 4)

### Section 5 – Electric Vehicle/Lithium-Ion Battery Response Equipment

- A. 30 yard roll off with lockable doors
- B. 5 sealable 5-gallon cell safe containers
- C. High heat resistant (2000 degrees Fahrenheit) voltage gloves for each person handling lithium-ion batteries.
- D. Cell Block DOTSP-20549 drums or equivalent
- E. 12 bags of cell block encapsulant
- F. Area for storing electric vehicle(s) or lithium-ion batteries; Electric vehicle storage space needs to be adequate to store a 30 yard roll off containing EVs with 50 ft. of clearance on all sides.

### Section 6 - Training and Certification

- A. All Responders trained in all aspects of Title 29 CFR 1910.120, including (L)(1) Emergency response; (L)(3) Off-site emergency response-training; (L)(5) Post-emergency response operations
- B. All Responders trained to Hazardous Materials Technician level
- C. All Responders are trained in Incident Command System
- D. All Responders have identification showing training certification
- E. All Responders participate in a Health Monitoring Program



# Attachment F: Supplemental Application for Spill Clean-Up Contractors (continued)

**Section 7 - Communications Equipment / Safety**

A. One handheld or mobile radio per vehicle  
 B. Cellular phones systems maybe substituted for A  
 C. All communications equipment will be intrinsically safe  
 D. All response vehicle are equipped with "yellow flashing" safety lights

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**Section 8 - Manpower / Special**

A. A minimum of four properly trained responders  
 B. Phone communication capability 24 hours/day  
 C. All Responders can be reached 24 hours/day

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**Section 9 - Insurance**

Company has sufficient insurance coverage as dictated by industry standards

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**For ANY DEVIATION** from this 'Minimum Equipment List" (Sections 1-9) provide comments concerning the deviation.

**4b. Additional Spill Response Equipment**

Please list and provide the requested information below for each additional piece of equipment. All equipment must be currently owned by the applicant.

| 1. Containment Equipment |            |                           |                   |              |              |
|--------------------------|------------|---------------------------|-------------------|--------------|--------------|
| Floating Barriers        | Make/model | Flotation Collar Diameter | Length of section | Skirt length | Total Length |
|                          |            |                           |                   |              |              |
|                          |            |                           |                   |              |              |
|                          |            |                           |                   |              |              |
| Boats                    | Make/model | Length                    |                   |              |              |
|                          |            |                           |                   |              |              |
|                          |            |                           |                   |              |              |
|                          |            |                           |                   |              |              |
| Motors                   | Make/model | Horsepower                |                   |              |              |
|                          |            |                           |                   |              |              |
|                          |            |                           |                   |              |              |

# Attachment F: Supplemental Application for Spill Clean-Up Contractors (continued)

## 4b. Equipment List (continued)

| 2. Removal Equipment       |                    |                    |             |            |  |
|----------------------------|--------------------|--------------------|-------------|------------|--|
| <b>Skimmers</b>            | <b>kind</b>        | <b>size</b>        | <b>H.P.</b> | <b>No.</b> |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
| <b>Hose</b>                | <b>Size</b>        | <b>Length</b>      | <b>No.</b>  |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
| <b>Adaptors</b>            | <b>Size</b>        | <b>No.</b>         |             |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
| <b>Reducers</b>            | <b>Size</b>        | <b>Description</b> | <b>No.</b>  |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
| <b>Fittings</b>            | <b>Kind</b>        | <b>No.</b>         |             |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
| <b>Separation vehicles</b> | <b>Description</b> |                    |             |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |
| <b>Vacuum trucks</b>       | <b>Type</b>        | <b>Tank Cap</b>    | <b>No.</b>  |            |  |
|                            |                    |                    |             |            |  |
|                            |                    |                    |             |            |  |

# Attachment F: Supplemental Application for Spill Clean-Up Contractors (continued)

## 4b. Equipment: (continued)

| 3. Separation Equipment                           |      |     |          |
|---|------|-----|----------|
| Tank Trucks                                       | Size | No. |          |
|   |      |     |          |
|   |      |     |          |
| Barge   | Size | No. |          |
|   |      |     |          |
|   |      |     |          |
| Storage Tanks                                     | Size | No. | Location |
|   |      |     |          |
|   |      |     |          |
| 4. Clean-up Equipment                             |      |     |          |
| Bulldozer   | No.  |     |          |
|   |      |     |          |
|   |      |     |          |
| Grader  | No.  |     |          |
|   |      |     |          |
|   |      |     |          |
| Front-end Loader                                  | No.  |     |          |
|   |      |     |          |
|   |      |     |          |
| Steam Jenny                                       | No.  |     |          |
|   |      |     |          |
|   |      |     |          |
| 5. Electric Vehicle/Lithium-ion Battery Equipment |      |     |          |
|   |      |     |          |
|   |      |     |          |
|   |      |     |          |

**Attachment F: Supplemental Application for Spill Clean-Up Contractors (continued)**

5. List all Equipment Storage Areas

Type: 24-Hour Phone #:

Address:

Type: 24-Hour Phone #:

Address:

Type: 24-Hour Phone #:

Address:

Type: 24-Hour Phone #:

Address:

*Note: Electric vehicle (EV) storage space needs to be adequate to store a 30 yard roll off containing EVs with 50ft. of clearance on all sides.*

6. List Equipment Maintenance Area

Type:

24-hour Phone Numbers:

Describe type of treatment facilities available for wastes generated from:

Vehicle washing (interior and exterior):

Boom cleaning:

Miscellaneous equipment cleaning:

**Attachment F: Supplemental Application for Spill Clean-Up Contractors (continued)**

7. List Name and Address of Disposal Sites:

Private Site:

Public Site:

Other Arrangements (description):