DEPARTMENT OF ENVIRONMENTAL RESOURCES Stanislaus

3800 Cornucopia Way, Suite C Modesto, CA 95358-9492 Phone: 209.525.6700 Fax: 209.525.6774



APPLICATION FOR YEARLY REGISTRATION FOR SEPTIC WASTE HAULERS

BUSINESS	NAME			OWNER'S NAME					
ADDRESS				ADDRESS					
PHONE NU		MENT TO BE U	SED & SEPTAGE D	PHONE NU				_ _	
VEHICLE M	IAKE YEAR	VIN NUMBE	R LICENSE NUMBER	TANK CAPACI	Y * SEI	SEPTAGE DISPOSAL SITE			
*App	licant must possess	s certificate of Weigh	nts & Measures for each	vehicle.					
Any truck	hauling grease	waste can not	be permitted to ha	ul septic wast	e. Penal Code § 374	.5			
					oy the State of Cali a Health and Safet		r under the juris	diction	
SIGNED:_		Owner	D <i>i</i>	ATE:					
			TO BE FILLED	OUT BY DER	INSPECTOR ONLY				
RI	EGISTRATION FO	R COUNTY REG. NUMBER	PERMIT APPROVE ISSUING DER INSPE			PERMIT NUMBER	EXPIRATION DATE		

^{*} If the vehicle permit is denied or pending please see the Official Notice for the items that need to be corrected prior to gaining approval from this department.