



APPLICATION

**Liquid Waste Transporter Permit**

January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

**Please mail or deliver the completed Application and Agreement to:**

City of Temple - Environmental Programs  
ATTN: Liquid Waste Permit  
3210 E. Avenue H, Bldg A #117  
Temple, TX 76501

Email: FightFOG@templetx.gov

**I. Please check the service category for which you desire to provide services.**

- \_\_\_\_\_ Restaurant Oil & Grease
- \_\_\_\_\_ Grease and Grit Trap Waste - Commerical/Industrial
- \_\_\_\_\_ Other: \_\_\_\_\_

**II. Liquid Waste Hauler Company Information:**

Applicant's Name: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_

Business Type: (Check all that apply)

- Proprietorship     Partnership     Corporation     Other \_\_\_\_\_

Federal Employer Identification (EIN) #: \_\_\_\_\_  
(Federal Tax Identification Number)

TCEQ Site Reference Number - RN #: \_\_\_\_\_

TCEQ Customer Number - CN #: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Business Contact Title: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_





APPLICATION

**Liquid Waste Transporter Permit**

January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

**V. Final Disposal, Processor, Transfer or Storage Site Information and Certification:**

List all sites where the collected and transported materials are delivered for disposal, processing, transfer, sale or storage.

List additional facilities on a separate document.

**A. Site 1**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Business Contact Title: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

**B. Site 2**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Business Contact Title: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

**VI. Signature**

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name