



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: _____



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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