

Are your services commercially available? \_\_\_\_\_

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: \_\_\_\_\_  
Transporter EPA ID: \_\_\_\_\_  
Location Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

II. Insurance Information:

Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Print/Type Name Title

\_\_\_\_\_  
Signature Date Signed  
\*\*\*\*\*

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through \_\_\_\_\_.

Date

\_\_\_\_\_  
Signature of Florida Department of Environmental Protection Representative Date Signed