

APPLICATION

SOLID WASTE COLLECTOR PERMIT

For Department Use Only

**ALABAMA DEPARTMENT
OF PUBLIC HEALTH**

County Health Dept
Co Health Dept ID No
Date Received
Date Permit Issued

To Be Completed by Applicant

1. Name of Business _____ Phone() _____

Street Address _____

City _____ State _____ Zip _____

2. Name of Owner/Proprietor _____ Phone() _____

Mailing Address _____

City _____ State _____ Zip _____

3. Name of Operator _____ Phone() _____

Mailing Address _____

City _____ State _____ Zip _____

4. Type of Service: ____ Residential ____ Commercial

5. Franchise Number (if applicable) _____

6. Should I be issued a permit, I anticipate that my license will be issued by the:

a. City/Town of _____

b. County Commission _____

c. Other _____

7. Check the days of the week that you will provide residential collection services:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

8. Will your services be provided on holidays if they fall on a regularly scheduled day of the week for collection? ☐ Yes ☐ No

9. I ☐ do ☐ do not have equipment and manpower available to service my own vehicles and other accessories necessary to supply the area(s) for which I will be responsible.

10. If your answer to #9 above was "do not", then briefly describe what method you will employ to maintain such equipment. Describe any contracts or agreements for maintenance of equipment and give the names of individuals and/or companies that you have engaged for such services.

11. Do you have washdown facilities available for your collection vehicles? ☐ Yes ☐ No

12. Have you attached a copy of a map indicating the route(s) you anticipate servicing should you receive your license? ☐ Yes ☐ No

13. Do you anticipate collecting solid waste generated in another state and transporting it into Alabama for disposal? ☐ Yes ☐ No

14. If your answer to item #13 is yes, please name the state(s) from which such solid waste will be collected: _____

15. The following information is to be provided in support of the application for the solid waste collector permit.

RESIDENTIAL SERVICE

Number of Customers _____ and/or
Roadside containers _____

Collection frequency (check one):
_____ once/week
_____ twice/week
_____ other (specify)

Operating schedule

No. days per week _____

No. hours per day _____

Time route begins _____

Name and location of disposal site:

COMMERCIAL SERVICE

Number of customers _____

Type of waste collected
_____ Garbage _____ Rubbish

Estimated amount collected per week

_____ Cubic yards _____ Tons

Name and location of disposal site:

Name and location of transfer stations
used:

EQUIPMENT

(To be completed regardless of type of service)

Type of Collection Vehicle	Size or Capacity	Year	Alabama License No.
1.			
2.			
3.			
4.			
5.			

If you have more than 5 vehicles, please attach an addendum listing the information required above for all the collection vehicles.

16. I hereby certify that the above statements are true and correct; and I (we) agree to comply with all of the applicable provision of the 1969 Solid Wastes Disposal Act, Code of Alabama, 1975, as amended, and the Rules of the State and County Boards of Health and hereby agree to allow inspection by representatives of the Boards of all of my solid waste handling, storage, and transportation equipment and vehicles used in the collection and transportation of solid waste to an approved means of disposal. I (we) agree to keep adequate records and make them available to representatives of the State and County Board of Health upon request.

Signed _____

Printed Name _____

Title _____

Date _____