

City of Newark Wastewater Treatment Plant

Trucked Waste Operator's License Application

This section to be completed by Applicant: PLEASE PRINT CLEARLY

Applicant Information:

Applicant Name: _____ Phone: (____) _____ - _____

Address: _____

City: _____ Zip Code: _____

Present Employer: _____ Phone: (____) _____ - _____

As conditions of this license I agree to the following:

1. I have received and read the City of Newark's Trucked Waste Disposal Information.
2. I agree to abide by all rules and regulations per city Ordinance #91-59 and amendments to Ordinance #91-59.
3. I agree to follow all wastewater treatment plant procedures when operating vehicle on disposal site.
4. I understand that non-compliance with any part of the City of Newark's Trucked Waste Disposal regulations shall subject the Licensee to revocation or suspension of the License.
5. I have not had any civil and/or administrative actions taken against me for violation of any waste disposal regulations in the last five (5) years.
6. I agree to notify the City of Newark Wastewater Treatment Plant in writing within (2) weeks of any change in employers.
7. I agree to reapply for a new license at least (60) sixty days prior to the expiration of current license.

Applicant Signature: _____ **Date** _____

This section to be completed by City of Newark Wastewater Plant Employees

Applicant Trucked Waste Operator's License Number: _____

Recommendation to approve applicant: YES NO If "NO" Why?

Signature: _____

License Approval Date: _____

License Expiration Date: _____