



# DEPARTMENT OF PUBLIC WORKS PRETREATMENT PROGRAM

## DOMESTIC HAULED WASTE PERMIT APPLICATION

### SECTION A—APPLICANT INFORMATION

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

### SECTION B—VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Tank Capacity: \_\_\_\_\_ Waste Type to be Hauled:  Domestic Septage  Portable Toilet Waste

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Last DOT Inspection: \_\_\_\_\_ Application Signature: \_\_\_\_\_ Check No.: \_\_\_\_\_

### SECTION C—ATTACHMENTS

PLEASE ATTACH THE FOLLOWING (CHECK WHEN COMPLETED):

- |   |  |
|---|--|
| <input type="checkbox"/> Insurance Policy Information | <input type="checkbox"/> Proof of Performance Bond |
| <input type="checkbox"/> BSB Business License         | <input type="checkbox"/> Montana DEQ Permit        |

BUTTE-SILVER BOW USE ONLY

Application Reviewed By: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Permit Denied | <input type="checkbox"/> Permit Approved |
|--|--|

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Permit application fee is \$200 per truck. Valid for 2 years from date of issue.**

**Make checks payable to Butte-Silver Bow ♦ Attention: Angie Mullikin  
126 West Granite ♦ Butte, MT 59701**



## **INSURANCE POLICY INFORMATION**



# MONTANA DEQ PERMIT



## **PROOF OF PERFORMANCE BOND**



## **BSB BUSINESS LICENSE**