



**LIQUID WASTE TRANSPORTER PERMIT APPLICATION**

- INSTRUCTIONS:** (1) Complete all applicable information below and attach copy of TCEQ registration  
 (2) Submit fee [\$50 / vehicle] and mail to address above with both forms listed in (1)  
 (3) Place permit in each vehicle when received in mail

<p><b>BUSINESS</b>    <input type="checkbox"/> Renewal    <input type="checkbox"/> New    <input type="checkbox"/> Name or location change</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Fax: _____</p> <p>TCEQ NO. ► <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>  <small>(Old TNRCC No.)</small></p>						<p><b>OWNER</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Fax: _____</p> <p><b>APPLICANT'S NAME</b> _____</p> <p>Driver's License No.: _____ Exp Date: _____</p>

<b>TYPE OF WASTE</b> <input checked="" type="checkbox"/>				
Septic	Grease	Grit/Sand	Chemical	Other

<b>DISPOSAL FACILITIES LOCATION</b>		
Dump Site #1	Dump Site #2	Dump Site #3

<b>VEHICLE I.D.*</b>	#1	#2	#3	#4	#5	#6	#7	#8
Make:								
Year:								
License Plate:								
State:								
Capacity (gal)								

\*List additional vehicles on back side

<b>FEE</b> (\$50 per vehicle payable to GCHD)	\$
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**A late fee of \$50 is assessed if postmarked after Dec. 31.**

HEALTH DEPARTMENT USE ONLY								
GCHD PERMIT NO.	_____	_____	_____	_____	_____	_____	_____	_____
	#1	#2	#3	#4	#5	#6	#7	#8
RECEIPT NO.	_____	FEE PAID (\$50 per vehicle):	_____	MAILED:	_____			
DATE PAID:	_____	INITIALS:	_____	POSTED:	_____			