



CONTRA COSTA HEALTH

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cchealth.org

NON-FRANCHISE SOLID WASTE COLLECTION & TRANSPORT APPLICATION (APPLICATION FEE IS DUE AND NON-REFUNDABLE)

SECTION 1: APPLICATION TYPE

New Renewal Update Information

SECTION 2: CONTACT INFORMATION

A. Applicant Information

APPLICANT NAME :		
APPLICANT ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
APPLICANT EMAIL :		

B. Business Information (If Sole Proprietor, provide a copy of a valid fictitious business name statement for the business. All others, provide written documentation that the entity may lawfully conduct business in the unincorporated area.)

BUSINESS NAME :	<input type="checkbox"/> CORP <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> SOLE PROPRIETOR
BUSINESS ADDRESS :	EMPLOYER IDENTIFICATION NUMBER (EIN) :
CITY / STATE / ZIP CODE :	PHONE # : FAX # :
BUSINESS EMAIL :	
CARRIER IDENTIFICATION NUMBER (provide proof of possession, if applicable) :	US DEPT. OF TRANSPORTATION (DOT) NUMBER (if applicable) :
BUSINESS MAILING ADDRESS (if different from above) :	
CITY / STATE / ZIP CODE :	

SECTION 2: REFUSE HAULING VEHICLE(S)

A. Vehicle Information (if more than 4, attach separate sheet)

Vehicle No.	Make	Model	License Plate #	Vehicle Identification #	Roll-Off Box
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

**Note: Attach copies of valid California vehicle registration cards for each vehicle.

FOR OFFICE USE ONLY

SR#:	FA#:	PR# :	P/E:	EHT:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	METHOD OF PAYMENT: <input type="checkbox"/> CASH/CHK <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C			RECEIPT #: XR

B. Location Where Vehicle(s) Are Stored

STREET ADDRESS :
CITY / STATE / ZIP CODE :

SECTION 3: REFUSE HAULING VEHICLE OPERATOR(S)

A. Operator Information (if more than 10, attach separate sheet)

Operator's Name	Driver's License No.	Operator's Name	Driver's License No.

****Note:** Provide documentation of each operator's legal authority to operate a refuse hauling vehicle, including copies of valid California Driver's Licenses.

SECTION 4: WHERE DO YOU PROPOSE TO PROVIDE PICK-UP & HAULING SERVICES IN THE COUNTY UNINCORPORATED AREA?

(Numbered Territories correspond to service areas shown on the attached map. Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> All Hauling Territories (1-10) | <input type="checkbox"/> Hauling Territory 4 | <input type="checkbox"/> Hauling Territory 8 |
| <input type="checkbox"/> Hauling Territory 1 | <input type="checkbox"/> Hauling Territory 5 | <input type="checkbox"/> Hauling Territory 9 |
| <input type="checkbox"/> Hauling Territory 2 | <input type="checkbox"/> Hauling Territory 6 | <input type="checkbox"/> Hauling Territory 10 |
| <input type="checkbox"/> Hauling Territory 3 | <input type="checkbox"/> Hauling Territory 7 | |

SECTION 5: WHAT TYPES OF CUSTOMERS/LOCATIONS DO YOU PROPOSE TO SERVE? (Check all that apply)

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Governmental | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other: _____ |

SECTION 6: WHICH TYPE(S) OF WASTE DO YOU PROPOSE TO COLLECT & TRANSPORT TO APPROVED LOCATION(S)? (Check all that apply)

****Note:** No permit required for waste or materials that your company would **NOT** charge customers to remove, transport, or properly recycle/dispose of.
DO NOT complete the remainder of the application if solely proposing to offer free pick-up services.

- | | | |
|--|---|---|
| <input type="checkbox"/> Household Trash (Municipal Solid Waste) | <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Cardboard / Paper |
| <input type="checkbox"/> Mixed Commercial Waste / Trash | <input type="checkbox"/> Construction / Demolition Debris | <input type="checkbox"/> Furniture / Mattresses |
| <input type="checkbox"/> Electronic Waste (E-Waste) | <input type="checkbox"/> Green Waste / Wood Waste | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Contaminated Soil | <input type="checkbox"/> Appliances (White Goods) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Non-Hazardous Industrial Waste | <input type="checkbox"/> Bottles / Cans | <input type="checkbox"/> Other: _____ |

SECTION 7: SERVICE(S) PROVIDED

A. Will you provide any on-site service (e.g. junk removal, site clean-up, etc.) related to the above type(s) of waste to be hauled away?

- No, the company will only offer to haul away waste placed out for pick-up by customers. (Skip to Section 8)
- Yes. Please describe these services below:

B. Will you charge customers for any on-site service(s) noted above?

- No, related on-site service(s) noted in Section 7A will be offered and provided to customers free of charge.
- Yes, there will be a charge to customers for on-site service(s) noted in Section 7A.

SECTION 8: LOCATION(S) WHERE SOLID WASTE IS TRANSPORTED (if more than 4, attach separate sheet)

Facility Name	Address

SECTION 9: BOND & INSURANCE REQUIREMENT

A. Performance Bond Information (Provide copy of the Non-Franchise Solid Waste Hauler Bond form)

SURETY COMPANY NAME :		
SURETY COMPANY ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
POLICY NUMBER :	EFFECTIVE DATE :	

B. Liability Insurance Information (Provide proof of liability insurance)

INSURANCE COMPANY NAME :		
INSURANCE COMPANY ADDRESS :		
CITY / STATE / ZIP CODE :	PHONE # :	FAX # :
POLICY NUMBER :	EFFECTIVE DATE :	EXPIRATION DATE :

SECTION 10: SUPPLEMENT DOCUMENTS REQUIRED (If applicable)

- Fictitious Business Name Statement
- California Driver's License(s)
- Proof of Liability Insurance
- Proof of Valid Motor Carrier Identification
- Map of Intended Service Area
- Other : _____
- Vehicle Registration Card(s)
- Non-Franchise Solid Waste Hauler Bond

SECTION 11: TERMS / SIGNATURE

The undersigned hereby certifies that all of the information provided on this application is true and accurate, and agrees to notify Contra Costa Environmental Health of any changes that occur including, but not limited to, the type(s) of business activity, business name, business address, vehicle(s), vehicle storage location, liability insurance coverage, performance bond, business ownership, and/or closure.

The signature below must be from an owner, partner or corporate officer (for corporations and limited liability companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed hard copy of this application.

APPLICANT NAME (Please print) :

SIGNATURE OF APPLICANT: _____ DATE : _____