

Kentucky Department for Environmental Protection
Division of Waste Management
Hazardous Waste Branch
300 Sower Boulevard, Frankfort, KY 40601
(502) 564-6716

Registration Of Hazardous Waste Transportation Activity

FOR OFFICIAL USE ONLY.
DO NOT WRITE IN THIS SPACE.

NOTE: This form is to be used by companies whose only hazardous waste activity in Kentucky is transportation. Companies based in Kentucky that conduct hazardous waste transportation in addition to other hazardous waste or waste oil/hazardous waste fuel activities must register using EPA Form 8700-12 and Form DWM 7037A.

	Fee Submitted: \$_____ (Fill in amount enclosed – see instructions to determine your fee)		
I. Reason for Submittal	Reason for Submittal: <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION: specify: _____		
II. ID Numbers	A. EPA ID Number: - - -	B. AGENCY INTEREST Number: _____	
III. Company Name	Company Name:		
IV. Location	Street Address:		
	City:	State:	Zip Code:
V. NAICS Code(s)	A.	B.	C.
	D.		
	First Name: _____ MI: _____ Last Name: _____		
	Title: _____ Phone Number: _____ Phone Number Extension: _____		
VI. Contact & Mailing Address Information:	E-Mail Address: _____		
	Street Address or P. O. Box: _____		
	City:	State:	Country: _____ Zip Code: _____
	Name of Legal Owner: _____		
VII. Legal Owner Information:	Date Became Owner: (mm/dd/yyyy) <u> </u> / <u> </u> / <u> </u>	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> Other	
	Phone Number: _____		Phone Number Extension: _____
	Street Address or P. O. Box: _____		
	City:	State:	Country: _____ Zip Code: _____
VIII. Type of Activity	<input type="checkbox"/> Transport for Hire <input type="checkbox"/> Transport for Self		
IX. Mode of Transportation	<input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other (specify) _____		
X. Types of Waste Transported	<input type="checkbox"/> Hazardous <input type="checkbox"/> PCB's <input type="checkbox"/> Radioactive <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (specify) _____		
XI. Kentucky Based Transporters Only	A. County:	B. Latitude: Longitude:	C. Do you wash trucks at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>XII. Certification</p> <p><i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i></p>		
A. Signature:	B. Typed / Printed Signatory Name & Title:		C. Date Signed: (mm/ dd/ yyyy) _/_/____