

Appendix E

Transporter Registration Forms

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TRANSPORTER REGISTRATION FORM

Cumberland County Waste and Recycling Transporter Registration

Please complete and submit this form to:
 Cumberland County Recycling & Waste Department
 310 Allen Road, Suite 201, Carlisle, PA 17013
 Phone: (717) 240-6489

New Application _____ Renewal _____

APPLICANT INFORMATION				
Company				
Street Address				
City	State	ZIP		
Mailing Address (if different from above)				
City	State	ZIP		
Corporation	Limited Liability Partnership	Limited Liability Company	Partnership-Limited	Partnership-General
Sole Proprietorship	Individual	Municipality	School District	Gov't Agency
Federal Employer ID No.	SSI #	PA Waste Transporter Authorization #		
Company Contact				
Last Name	First	M.I.		
Phone	E-mail Address			

INSURANCE	
General Liability <i>(Provide Certificate of Insurance as Proof)</i>	
Insurance Company	Policy Number
Policy Effective Date	Policy Expiration Date
Automobile Liability <i>(Provide Certificate of Insurance as Proof)</i>	
Insurance Company	Policy Number
Policy Effective Date	Policy Expiration Date
Worker's Compensation <i>(Provide Certificate of Insurance as Proof)</i>	
Insurance Company	Policy Number
Policy Effective Date	Policy Expiration Date

COLLECTION

Waste Collected (mark all that apply)

Municipal Construction/Demolition Sewage Sludge Residual Asbestos Ash Infectious/Chemo

Recycling/Document Destruction Collection Method (mark all that apply)

Source Separated Commingle (Glass, Metal, Plastics Mixed Together)

Dual Stream (Glass, Metal, Plastics Mixed Together / Paper Cardboard Separate) Single Stream (All Mixed Together)

Recycling/Document Destruction Materials Collected (mark all that apply)

Glass Clear Glass Colored Aluminum Cans Bi-Metal Cans Plastics #1 Plastics #2 Plastics Other

Newspaper Magazines Office Paper Mixed Paper (Junk Mail, etc.) Cardboard Paperboard Plastics Other

Source Separated Food Waste Leaf/Yard Waste Electronic Waste Textiles Telephone Books

Others Please list:

TRANSFER, DISPOSAL AND RECYCLING FACILITIES (Indicate all facilities used by your company)

Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>
Facility	Transfer <input type="checkbox"/>	Disposal <input type="checkbox"/>	Recycling <input type="checkbox"/>

Revised 11-23-10

FOR COUNTY USE ONLY: Date Application Received: _____ Reviewed By: _____

Approved by: _____ Date: _____