

9. Does your business have a Spill/Hazard Response Plan in place? Yes No
10. Will your business produce waste that requires special handling?
(i.e., used oil, grease, sawdust shavings, cements slurry, etc.) Yes No

If yes, please list: _____

I do hereby certify that I have familiarized myself with the rules and regulations with respect to preparing and filling out this application and that the statements and information submitted herewith are all in respects true and correct to the best of my knowledge and belief.

Print Name: _____

Date: _____

Signature: _____

Title/Position: _____