

East Arkansas Regional Solid Waste Management District
Waste Hauler Permit

Organization: _____

Principal Owner(s): _____

Physical and Mailing Address: _____

City, State, Zip: _____

County: _____

Telephone: _____

Fax: _____

Social Security Number or Tax Identification Number*: _____

Number of Customers Served: _____

Towns, Communities, Areas Served: _____

Average Tons Hauled Per Month: _____

Most Frequently Used Landfill: _____

Most Frequently Used Transfer Station: _____

Nature of Waste Hauled: _____

Average Size of Load in Tons: _____

The undersigned has read and understands the East Arkansas Regional Solid Waste Management District's rules and regulations pertaining to the collection and transportation of solid waste contained in Act 752 of 1991 and agrees to abide by all applicable Federal, State, and local laws.

Signature

Date

*Important Note: If you are a commercial waste hauler who accepts payment directly from customers, you are required to have an Arkansas Sales Tax Permit. Please contact the Arkansas Department of Finance and Administration at (501) 682-7104 to apply for a permit.

Please complete both sides of this form.

The Hauler shall pay, prior to February 10th of each year, the following fees for each license:

- \$50.00 for each vehicle with a maximum hauling capacity of less than one ton and is a non-compacting vehicle; or
- \$100.00 for each vehicle which does not meet both of the requirements above.

Please enter license numbers of all vehicles operating this permit and to whom they are registered. Include year, make, and model of vehicles. Please check which fee applies to each license. (Include additional sheets if necessary.)

1) _____

 \$50.00
 \$100.00

5) _____

 \$50.00
 \$100.00

2) _____

 \$50.00
 \$100.00

6) _____

 \$50.00
 \$100.00

3) _____

 \$50.00
 \$100.00

7) _____

 \$50.00
 \$100.00

4) _____

 \$50.00
 \$100.00

8) _____

 \$50.00
 \$100.00

Please provide copies of the following documents:

| | Included |
|---|--------------------------|
| Proof of contractor/vehicle liability insurance for each vehicle. | <input type="checkbox"/> |
| Proof of appropriate driver's license for each driver. | <input type="checkbox"/> |

Please remit completed forms, copies of driver's license, copy of proof of insurance and fee to:

East Arkansas Regional Solid Waste Management District

P.O. Box 1403, Jonesboro, AR 72403

For any questions please call 870.932.3957.

For EARSWMD Use Only:

Date Received: _____

Decal #: _____, _____, _____, _____, _____

Please complete both sides of this form.