

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES



=====
**DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION**

45 MARS HILL
FREDERIKSTED, ST. CROIX, VI 00840
PHONE: (340) 773-1082, FAX: (340) 773-9310

HAZARDOUS WASTE TRANSPORTATION APPLICATION

Name of Business: _____

Type of Business: _____

Tax Assessor's ID Number: _____

EPA ID Number: _____

Business License Number: _____

OWNER OF BUSINESS: _____

Name: _____

Mailing Address: _____

Physical Address: _____

FINANCIAL RESPONSIBILITY:

All transporters of hazardous waste must provide adequate financial responsibility with respect to the transportation of hazardous waste. The financial responsibility required shall be adequate to cover the costs of spills, clean-up and remediation of the environment and injury to any person as a result of any incident that may occur during the transportation and storage of hazardous waste. Proof of financial responsibility may be similar to that which is provided for in Title 12 Section 714 of the Virgin Islands Code. Please attach a copy of the required bond or insurance policy.

BUSINESS OPERATION:

Telephone/FAX Nos: _____

On-Site Managers & Operators of *Facility*: _____

Duty Hours: _____

Emergency Contact(s): _____

Physical Address: _____

Emergency Telephone No(s)/Beeper No(s): _____

Hours of Operation of the Facility: _____

Will any truck(s) stored with hazardous waste be located in the 1st tier of the coastal zone? _____ (yes or no)

If this storage area is located within the 1st tier of the coastal zone, then both secondary containment and proof of financial responsibility is required. Please attach diagram and description of secondary containment.

Will the applicant hold a hazardous waste for more than ten (10) days at their facility? _____ (yes or no)

If yes does applicant hold the requisite DPNR and RCRA storage permits? ____ (yes or no)

If yes please attach a copy of each.

CORPORATE OFFICIALS:

Resident Agent: _____

Address: _____

President: _____

Address: _____

Secretary: _____

Address: _____

DESCRIPTION OF TANKER/TRUCK(S) USED TO TRANSPORT HAZARDOUS WASTE:

1. Make/Model/Year: _____

Vehicle Identification Number(VIN): _____

License Plate Number: _____

2. Make/Model/Year: _____

Vehicle Identification Number(VIN): _____

License Plate Number: _____

TRUCK AND FACILITY REQUIREMENTS:

The transporter must keep the manifest with the hazardous waste at all times for inspection by territorial and/or federal authorities. All entries must be made consistent territorial and federal law. Please attach a copy of the manifest to be utilized in the transporting of hazardous waste.

List separately all spill containment and cleanup equipment and supplies that are available at the location where the truck(s) is stored and that which is available on the truck(s) while transporting hazardous waste.

Attach a Spill Prevention, Containment and Response Plan. This plan shall include the procedure the applicant will utilize in order to satisfy all reporting requirements in the event of an accidental spill or discharge. Please attach copies of all reporting forms to be used.

Hazardous waste may only be transported to other transporters or disposal facilities which are in compliance with territorial and federal law. Please supply the following information with respect to the hazardous waste destination(s):

1. Name of facility:

Address: _____

EPA/DPNR Permit No.: _____

2. Name of facility: _____

Address: _____

EPA/DPNR Permit No.: _____

Name of Applicant (please print): _____

Title: _____

APPLICANT HEREBY CERTIFIES THAT HE HAS READ THE COMPLETED APPLICATION AND THAT THE INFORMATION FURNISHED AND CONTAINED HEREIN IS TRUE AND CORRECT: APPLICANT FURTHER CERTIFIES THAT HE WILL ABIDE BY ALL PROVISIONS OF THE PERMIT WHICH MAY BE ISSUED AS A RESULT OF SUBMITTING THIS APPLICATION FOR PROCESSING.

Signature of Applicant: (If applicant is a corporate officer who is signing on behalf of a corporation please attach appropriate corporate resolution authorizing same)

Sworn to and subscribed before me

this ____ day of _____, 20__ .

Notary Public: _____

Commission Expires: _____