Trip Ticket
for Stationary Compactor Special Permit Waste Disposed of at a
Type IV Municipal Solid Waste Landfill (MSWLF)

Internet address: www.tceq.com

If you have questions on how to fill out this form or about the Special Permit for a Stationary Compactor program, please contact us at 512/239-6001, select Option 2. Administrative data changes must be accompanied by the TCEQ Core Data Form (TCEQ 10400.) Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

Permittee (owner of the Generator) and Stationary Compactor Information
Permittee: _______________________________________     Permit Number: _______________   Expires: ___________________________
Stationary Compactor Location: __________________________________________________________

Generator Information (to be completed by the Generator)
Name: ______________________________________________________________     Telephone: (       )
Physical Address: _____________________________________________________      City/State/Zip: ___________________________

Certification:
I, ________________________________________, located at ___________________________ in ________________________ certify that
the stationary compactor wastes to be delivered to the Type IV municipal solid waste landfill below do not include putrescible, hazardous, Class 1 industrial nonhazardous, infectious, or any other waste not allowable in a Type IV landfill.

Generator’s Signature: ____________________________________________ Date: ____________________________

Transporter Information (to be completed by the Transporter)
Transporter Name: ______________________________________________    Telephone: (       )
Physical Address: _______________________________________________    Mailing Address: ___________________________
City/State/Zip: __________________________________________________    City/State/Zip: ___________________________
Contact Person:  ________________________________________________    Telephone: (      )
Date Waste Collected: ___________________________________________

Certification:
I, ________________________________________, located at ___________________________ in ________________________ certify that
the stationary compactor wastes delivered to the Type IV MSWLF below do not include putrescible, hazardous, Class 1 industrial nonhazardous, infectious, or any other waste not allowable in a Type IV landfill.

Driver’s Signature: ____________________________ Date: ____________________________

Type IV Municipal Solid Waste Landfill (MSWLF) Information
Permit Number: _________________________________________     Amount of waste received: _______________________
Facility Name: __________________________________________    Telephone: (       )
Physical Address: _______________________________________    Mailing Address: ___________________________
City/State/Zip: _________________________________________    City/State/Zip: ___________________________

Certification:
I, ________________________________________, __________________________, certify that I have been authorized by the Texas
Commission on Environmental Quality to accept the above wastes and that I have disposed of the above indicated wastes in
accordance with the requirements outlined in that authorization.

Representative’s Signature: ____________________________ Date: ____________________________