



Trip Ticket

for Municipal or Transporter Route Special Permit Waste from Enclosed Containers or Enclosed Vehicles Hauling to Type IV Municipal Solid Waste Landfills (MSWLF)

Internet address: www.tceq.com

If you have questions on how to fill out this form or about the Municipal or Transporter Route Special Permit for Enclosed Containers or Enclosed Vehicles Hauling to Type IV Municipal Solid Waste Landfills (MSWLF) 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.

Transporter Information

Permit Number: _____
Transporter Name: _____
Physical Address: _____
City/State/Zip: _____
Telephone: () _____
Contact Person: _____
Date Waste Collected: _____

Expires: _____
Mailing Address: _____
City/State/Zip: _____
Telephone: () _____

Certification:

I, _____, driver, of _____, located
(print name) (company name)
at _____ in _____, certify that the wastes delivered in enclosed
(physical address) (city)
containers or enclosed vehicles 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.

Driver's Signature: _____ Date: _____

Under Title 30 Texas Administrative Code Section 330.32(d), a transporter will remove any non-allowable wastes disposed of at a disposal facility by the transporter immediately after its discharge or, at the option of the disposal facility operator; the transporter will pay any applicable surcharges to have the disposal facility operator accomplish the required immediate removal for the transporter.

Type IV Municipal Solid Waste Landfill (MSWLF) Information

Permit Number: _____
Facility Name: _____
Physical Address: _____
Physical Address: _____
City/State/Zip: _____
Telephone: () _____

Amount of waste received: _____
Mailing Address: _____
City/State/Zip: _____

Certification:

I, _____, _____, certify that I have been authorized by the Texas
(print name) (title)
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: _____