

For TCEQ use only: TCR/ _____ / _____ /INITIAL-UPDATE

Expiration Date: _____



Application to Claim a Permit by Rule for a Special Collection Route

For transporters using enclosed containers or enclosed vehicles to collect brush, construction or demolition wastes, and rubbish to Municipal Solid Waste (MSW) Type IV Landfill facility.

Bold items required for all notifications. Please print clearly or type.

[Instructions for filling out this form](#)

Permit by Rule TCR# (required for all updates and renewals): _____

Effective Date: _____

Submission Reason: New Renewal Update

Part A: Company/Site Information (refers to the company submitting registration)

- 1. Regulated Entity Number: RN _____
- 2. **Company/Site Name:** _____
- 3. **Street Address:** _____
- 4. **City:** _____
- 5. **State:** _____ 6. **Zip+4:** _____ - _____
- 7. **County:** _____

Part B: Contact Information (mailing address for the company registering)

- 8. **First name:** _____ 9. **Last name:** _____
- 10. **Title:** _____
- 11. **Company Name:** _____
- 12. **Mailing Address:** _____
- 13. **City:** _____
- 14. **State:** _____ 15. **Zip+4:** _____ - _____
- 16. **Telephone:** _____ 17. **Fax:** _____
- 18. **Email:** _____

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Part C: Customer Information (for the company registering)

19. Customer number: CN _____

20.Owner/operator name: _____

(Legal name or legal business name as filed with the Secretary of State's office)

21.Type of customer:

- | | |
|--------------------|---------------------|
| Corporation | State Government |
| Individual | Other Government |
| City Government | General Partnership |
| County Government | Limited Partnership |
| Federal Government | Other: _____ |

Tax information (for individual ownership type, go to #25)

22. Federal Tax ID: _____

23. TX State Franchise Tax ID: _____

24.Texas Secretary of State Filing Number: _____

25. Number of Employees:	0-20	21-100
101-250	251-500	501 and higher

Part D: Route Information

26. **Frequency of Collection:** Weekly Other (describe) _____

27.**Day of week collected:** _____

28.**Day of route arrival at facility:** _____

29.**Time span of route arrival at facility:** _____

30.**Description of wastes to be transported:**

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Part H: Hauling Vehicle Information (copy this part as necessary)

A. Vehicle Identification Number: _____

i. License Plate Number: _____

ii. Year/Make/Model: _____

iii. Capacity, in cubic yards: _____

iv. Rated compaction capability, in pounds per cubic yard: _____

B. Vehicle Identification Number: _____

i. License Plate Number: _____

ii. Year/Make/Model: _____

iii. Capacity, in cubic yards: _____

iv. Rated compaction capability, in pounds per cubic yard: _____

C. Vehicle Identification Number: _____

i. License Plate Number: _____

ii. Year/Make/Model: _____

iii. Capacity, in cubic yards: _____

iv. Rated compaction capability, in pounds per cubic yard: _____

D. Vehicle Identification Number: _____

i. License Plate Number: _____

ii. Year/Make/Model: _____

iii. Capacity, in cubic yards: _____

iv. Rated compaction capability, in pounds per cubic yard: _____

E. Vehicle Identification Number: _____

i. License Plate Number: _____

ii. Year/Make/Model: _____

iii. Capacity, in cubic yards: _____

iv. Rated compaction capability, in pounds per cubic yard: _____

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Part I: Certification

I certify that the contents of the vehicles described above will be free of putrescible, household, hazardous, infectious, or any other waste not allowable in an MSW Type IV landfill.

Name: _____

Title: _____ Company: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

All applications must be notarized below:

SUBSCRIBED AND SWORN to before me by the above person on this _____ day of _____, _____ (Year).

State of _____ County of _____

(Seal Here)

Notary Public

My Commission Expires on: _____

Mail completed form to:
Texas Commission on Environmental Quality
Cashier's Office MC-214
PO Box 13088
Austin, TX 78711-3087

Please use the following address for any submissions sent via overnight services:

Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
12100 Park Circle 35 Bldg A
Austin, TX 78753

Fax **only updates or renewals that were paid online** to (512) 239-6410. Any renewals requiring payment or new registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered in the [instructions](#), or for information about the Enclosed Container Transportation Program, please contact us at (512) 239-6413 or wasteval@tceq.texas.gov.

Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, please contact the TCEQ Public Information Section at (512) 239-3282.