



Carlos A. Gimenez, Mayor

Department of Regulatory and Economic Resources
Division of Environmental Resources Management
701 NW 1st Court, Suite 700
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6410
miamidade.gov

INSTRUCTIONS

LIQUID WASTE TRANSPORTERS OPERATING PERMIT APPLICATION

1. Name of Applicant - fill in name of responsible company official.
2. EPA ID# - refers to hazardous waste haulers only.
3. FDEP ID# - refers to waste oil haulers only.
4. Proof of Incorporation - refers to an official state document giving name of corporation, charter number, date organized and officers to the corporation.
5. Application Fee - \$200.00 Permit fee plus \$15.00 RER Surcharge fee for a total of \$215.00 payable to Miami-Dade County.
6. Operating Permit/Permit Fees and Reports
 - a. Permits fees shall be based on the amount of waste transported in each month. (Fee schedule will be provided with permit). Permit fees and reports will be due on the 10th of the following month. Checks should be made payable to Miami-Dade County.
 - b. Monthly reports will be submitted on forms supplied by DERM. Please note that monthly reports are required to be submitted for each month, even if no waste has been transported.
 - c. This permit will be issued on a yearly basis and must be kept at the facility.
 - d. Each permitted vehicle will be issued a numbered decal which shall be visibly displayed on the upper right hand (passenger) side of the front windshield, below any tint strips.
7. Equipment List

Each vehicle used to transport Liquid Waste in Miami-Dade County must be listed on this form. List tractors and trailers separately, in order that the proper number of vehicle decals sent . In case of changes in the information on the equipment list (example: adding new vehicles, removing vehicles from service), please notify this office in writing to the following:

Fax#: 305-372-6545
Mailing Address: P.O. Box 12378, Miami, FL 33101-2378
E-mail Address: ernstj@miamidade.gov
8. Authorization Form

Must be signed by permit applicant and notarized.

Please remember to sign and date your application, and to include the application fee.
If you have any questions, please call Jim Ernst at 305-372-6820.



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LIQUID WASTE TRANSPORTERS
OPERATING PERMIT APPLICATION

Name and Title of Applicant: Type of Waste Transported:

Business Name: Applicant's Phone #:

Business Mailing Address:

Vehicle Storage/Location Address:

Contact Person for Monthly Report Questions: Contact's Phone #:

Fax #: E-mail (required):

If Hazardous Waste Hauler, give EPA I.D. #:

If Used Oil Hauler, give FDEP I.D. #:

If Portable Toilet waste hauler, attached Safety Data Sheet (SDS) for disinfecting chemicals used. NOTE: No waste containing Formaldehyde and/or Formalin can be disposed of at WASD facilities. It must be disposed of as hazardous waste at an appropriate facility.

Business History

Is business a corporation? Yes No

- Submit proof of incorporation or proof of fictitious name registration

PERMIT APPLICATION CHECK LIST

- Permit application completely filled out, signed and dated.
Authorization Form filled out and notarized.
Equipment List filled out completely. (List tractors, trailers and combined units separately).
Permit Application fee plus RER Surcharge fee of \$215.00 enclosed (Payable to Miami-Dade County).
Proof of Incorporation or Fictitious Name (if applicable).
Safety Data Sheet (SDS) attached for Portable Toilet waste hauler application.

I hereby certify all information provided to the Environmental Resources Management (DERM) is true, complete and correct, to the best of my knowledge. I agree to use only approved disposal sites for all liquid and/or hazardous waste material transported.

Applicant (or Responsible Official) Signature

Date

RER OFFICE USE ONLY

Date Sub.: Sticker #: Permit #:
Date Rev.: Check #:
Date App.: Amount:



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LIQUID WASTE TRANSPORTER OPERATING PERMIT
AUTHORIZATION FORM

Applicant's Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

The undersigned owner (or authorized representative)*of _____

is fully aware that the statements made in this application for an operating permit are true, correct and complete to the best of his/her knowledge and belief. Furthermore, the undersigned agrees to maintain and operate the Liquid Waste Transporter business in such a manner as to comply with the provisions of Chapter 24 of the Miami-Dade County Code, and all the rules and regulations of the department. He/she will promptly notify the department upon sale, change of locations or legal transfer of the permitted company.

*Attach letter of authorization from owner or corporate officer.

Signature of Owner or Authorized Representative

Printed Name and Title of Owner or Authorized Representative

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public



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LIQUID WASTE TRANSPORTER
EQUIPMENT LIST

(Company Name)

(Type of Vehicle)

Table with 8 columns: Year, Make of Vehicle, License Plate Number, Vehicle Capacity (Gallons), Vehicle Identification Number (VIN#), Tractor, Trailer, Single Unit (Van/pump truck). The table contains 20 empty rows for data entry.

Add extra sheets as necessary. To request new decals or to inform this office of change in equipment, please send a fax or e-mail to: 305-372-6600 • ernstj@miamidade.gov.