

For Office Use Only - Date Permit Mailed: \_\_\_\_\_

Permit Number(s) \_\_\_\_\_

## Application for White River Regional Solid Waste Management District Waste Hauler Permit

Please Print or Type

Date: \_\_\_\_\_

Name of Company or Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Please include area code) \_\_\_\_\_

Social Security Number or tax identification number: \_\_\_\_\_ \*

Principal Owner (s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Please include area code) \_\_\_\_\_

Number of Customers Served: \_\_\_\_\_

Towns/Communities/Area Served: \_\_\_\_\_  
\_\_\_\_\_

Average Tons Hauled Per Month: \_\_\_\_\_

Most Frequently Used Landfill: \_\_\_\_\_

Most Frequently Used Transfer Station: \_\_\_\_\_

Nature of waste hauled : \_\_\_\_\_

Average Size of Load in Tons: \_\_\_\_\_

The undersigned has read and understands the White River Regional Solid Waste Management Board rules and the regulations pertaining to the collection and transportation of solid waste contained in Act 752 of 1991 and agrees to abide by all Federal, State and local laws applicable.

\_\_\_\_\_  
*Signature*

\* **Important Note:** If you are a commercial waste hauler who accepts payment direct from your customers, you are required to have an Arkansas Sales Tax Permit. Please contact the Arkansas Department of Finance and Administration at (501) 682-7104 to apply for a permit.

Please complete both sides of this form.

For Office Use Only - Date Application Received: \_\_\_\_\_

Permit Number \_\_\_\_\_

### Vehicle Identification Form

Please Print or Type

Name of Company or Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Please include area code) \_\_\_\_\_

	<b>Annual</b>
<b>Fee for vehicles greater than 1 ton:</b>	<b>\$50.00</b>
<b>Fee for vehicles less than 1 ton:</b>	<b>\$25.00</b>
<b>Fee Amount enclosed</b>	

Please enter license numbers of all vehicles and to whom they are registered.

1) License No. Year Make Model

4) License No. Year Make Model

Vehicle ID Vehicle Weight Permit Number

Vehicle ID Vehicle Weight Permit Number

2) License No. Year Make Model

5) License No. Year Make Model

Vehicle ID Vehicle Weight Permit Number

Vehicle ID Vehicle Weight Permit Number

3) License No. Year Make Model

6) License No. Year Make Model

Vehicle ID Vehicle Weight Permit Number

Vehicle ID Vehicle Weight Permit Number

Please attach additional sheets if necessary

Person to whom vehicles are registered: \_\_\_\_\_  
\_\_\_\_\_

#### Please provide copies of the following documents:

Proof of contractor/vehicle liability insurance  
for each vehicle

*Included*

Proof of appropriate driver's license  
for each driver.

Please remit completed forms, copies of driver's license, copy of proof of insurance and fee to:

White River Regional Solid Waste Management District - P.O. Box 2396 - Batesville, Arkansas 72503

**Complete Both Sides of This Form**