NARRAGANSET BAY COMMISSION
SEPTAGE HAULER
DISCHARGE PERMIT APPLICATION

COMPANY NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
RI DEM PERMIT NUMBER: _____

An authorized agent or authorized An authorized agent or authorized company representative is a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or per a vote of the directors if the company is a corporation; a general partner or proprietor if the company is a partnership or sole proprietorship respectively; or a duly authorized representative, the individual designated on the permit application or permit cover page, if such representative is responsible for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring results and other documents in the company's name and otherwise bind the company. Please complete the Designation of Authorized Agent section below if you wish to designate additional authorized agents. The Narragansett Bay Commission will not accept documents signed by persons other than the company's authorized agent(s) or authorized representative(s).

AUTHORIZED AGENT: _____
TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

The above-mentioned company is a:
☐ **Corporation organized under the laws of** _____
Composed of officers as follows:

President: _____
Vice President: _____
Secretary: _____
Treasure: _____

☐ **Sole proprietorship of** _____
☐ **Other (please specify)** _____

Please include the following items with this permit application:

1. **List and signature of all drivers authorized under this permit**
2. **Copy of valid RI DEM Septage Waste Transporter Permit**
3. **A certification of automobile liability insurance and a listing of vehicles covered**
4. **Any additional information requested by the Narragansett Bay Commission (please list)**

I have read and understood the Narragansett Bay Commission's Rules and Regulations regarding septage hauling and the procedures for discharging septage included with this application form. I certify that the information submitted on this application is true and correct.

_____ _____
Signature of authorized agent or company president **Date**

Subscribed and sworn to before me this _ day of _____, _____

Notary Public _____ **My commission expires**_____

AUTHORIZED DRIVERS & VEHICLES
Form A

VEHICLES

VIN # ____________________
Vehicle Registration ____________________
Vehicle Capacity ____________________
Vehicle Make ____________________
Please specify Tank Truck, Cab or Trailer
____

VIN # ____________________
Vehicle Registration ____________________
Vehicle Capacity ____________________
Vehicle Make ____________________
Please specify Tank Truck, Cab or Trailer
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Vehicle Registration ____________________
Vehicle Capacity ____________________
Vehicle Make ____________________
Please specify Tank Truck, Cab or Trailer
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DRIVERS

Driver ____________________
RI driver's license # ____________________

Driver ____________________
RI driver's license # ____________________

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Please make additional copies if necessary