



Business Name: _____ TCEQ Registration No.: _____

Physical Address: _____ Business Phone: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Owner: _____ Emergency Phone: _____

Email: _____

Manager: _____ Driver's License No.: _____ (provide copy)

Registered Agent Name, Address, and Phone Number

Provide the following specific information on the vehicles to be permitted

Official Use Only		Truck No.	Year	Make	VIN Number	Plate Number	Capacity Gallons
Inspected By	Permit No.						

Use Additional Sheets as Necessary

Indicate liquid waste to be transported: Grease Trap Grit Trap Septage Washwater Other

Total number of trucks in your fleet: _____ Total to be permitted in Carrollton: _____

List Permitted Disposal Sites to be used, Contact Person, Address, and Phone Number

1. _____
2. _____
3. _____
4. _____

I, the undersigned, hereby make application to transport liquid waste in the City of Carrollton, Texas, and declare to accept and abide by all pertinent ordinances and regulations in the City of Carrollton, Texas. I understand that falsification of any information submitted in this application shall be cause for termination of the liquid waste transportation permit, and that each permit shall be renewed on an annual basis.

Signature of Owner/Manager (Date)

Signature of Approving Authority (Date)