



## PERMIT APPLICATION

This application is for permits only and does not automatically generate a credit account with LCSWMA. Please contact our office at 717-397-9968 or email [acctrec@lcswma.org](mailto:acctrec@lcswma.org) to obtain a credit application.

I hereby apply for a LCSWMA Permit, in accordance with the Rules and Regulations of LCSWMA. Therefore, the following information is submitted:

The *majority* of your waste will be delivered to  Lancaster  Harrisburg (please check one)

1. COMPANY NAME: \_\_\_\_\_  
 BUSINESS (Physical) ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_  
 FAX NUMBER: \_\_\_\_\_  
 CONTACT PERSONS: \_\_\_\_\_

2. Attach evidence of Vehicular Liability (minimum insurance required under Motor Vehicle Financial Responsibility Law) and General Liability (Bodily Injury, \$100,000 per occurrence, and Property Damage, \$100,000 per occurrence) Insurance Coverage.

2.a.  Yes, I have attached the required evidence of Insurance Coverage.

***If not attached, this permit application will not be processed until LCSWMA is in receipt of a current insurance certificate.***

LCSWMA USE ONLY	Certificate of Insurance Coverage is attached to this application	Initial here
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A Permit **MAY NOT** be transferred from the body type to which it was originally issued.

3. Are your vehicles required to have an Act 90 Waste Transportation Safety Program (WTSP) permit from PADEP?

*(Trucks over 17,000 lbs registered vehicle weight (RVW) or Trailers over 10,000 lbs RVW are required to have this permit before LCSWMA can accept materials)*

Yes       No

*If yes, please provide proof of permit with expiration date below or letter of acceptance/processing from PADEP.*

WH \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***This permit application will not be processed until LCSWMA is in receipt of a permit or letter of acceptance/processing from PADEP.***

LCSWMA USE ONLY	Letter of acceptance/processing from PADEP is attached to this application	Initial here
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4. Indicate if your company has ever been convicted of civil or criminal offenses concerning solid waste transporting, processing or disposal in Lancaster County.

Yes       No

*If Yes, provide details on separate sheet.*

5. Is your company required to carry Workers Compensation Insurance by the State of Pennsylvania?

Yes       No

*If Yes, attach evidence of Workers' Compensation coverage.*

6. This Application is for the Permit(s) being issued for the body type(s) that are listed on the attached page. Body type(s) are owned or leased by the applicant.

7. **CERTIFICATION**

I hereby certify that the information provided herein is true and correct; that I am familiar with and will comply with the Rules and Regulations of the LCSWMA; and that I will pay all fees and accept all penalties as set forth in the Rules and Regulations of the LCSWMA.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

8. **BODY TYPES** (REFER TO PAGE 5 FOR INSTRUCTIONS)

<b>LCSWMA PERMIT NUMBER</b>	<b>YEAR AND MAKE</b>	<b>LICENSE PLATE NUMBER</b>	<b>BODY TYPE</b>	<b>NEW, REPLACE, OR INACTIVATE</b>	<b>FOR LCSWMA USE ONLY</b>

**9. SLUDGE AND SEPTAGE**

LIST BELOW THE PROCESSING OR DISPOSAL SITES TO WHICH YOUR SLUDGE AND SEPTAGE WASTE WILL BE DELIVERED.

<b>PROCESSING OR DISPOSAL SITE</b>	<b>PADEP PERMIT NUMBER, IF APPLICABLE</b>
Name: Address:  Phone No.:	
Name: Address:  Phone No.:	
Name: Address:  Phone No.:	

**PLEASE NOTE:**

**LIST ALL DISPOSAL SITES FOR SLUDGE AND SEPTAGE WASTE YOU COLLECT. IF MORE SPACE IS NEEDED, YOU MAY EITHER PHOTOCOPY THIS PAGE OR USE AN ADDITIONAL SHEET OF PAPER.**

**DELIVERY OF SLUDGE AND SEPTAGE WASTE TO ANY SITE OTHER THAN THOSE LISTED ABOVE WILL BE CONSIDERED A VIOLATION OF LCSWMA RULES AND REGULATIONS. THIS LIST CAN BE UPDATED VIA A LETTER AT ANY TIME THROUGHOUT THE YEAR.**

## **INSTRUCTION PAGE**

**BODY TYPES:**

CNG OTHER  
 OTHER  
 CNG TRAILER  
 TRAILER

**EXAMPLES:**

OTHER – anything other than a Trailer

**EXAMPLES:**

**BODY TYPES, Page 3, No. 8**

LCSWMA PERMIT NUMBER	YEAR AND MAKE	LICENSE PLATE NUMBER	BODY TYPE	NEW, REPLACE, OR INACTIVATE	FOR LCSWMA USE ONLY
	2014 Mack	ABC 1234	CNG Other	New	

*If replacing a permit, please write the new permit number in the 1<sup>st</sup> column (LCSWMA PERMIT NUMBER) and write the number it is replacing in the “NEW, REPLACE, OR INACTIVATE” column. See example below:*

LCSWMA PERMIT NUMBER	YEAR AND MAKE	LICENSE PLATE NUMBER	BODY TYPE	NEW, REPLACE, OR INACTIVATE	FOR LCSWMA USE ONLY
21000	2014 Mack	ABC 1234	CNG Other	Replaces 20000	