



STATE OF MAINE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

JOHN ELIAS BALDACCI  
GOVERNOR

DAVID P. LITTELL  
COMMISSIONER

**SPECIAL CONDITION A  
FOR ALL NON HAZARDOUS WASTE  
TRANSPORTER LICENSES**

**THIS NON-HAZARDOUS WASTE TRANSPORTER LICENSE IS  
ISSUED CONTINGENT ON DEPARTMENT STAFF CONDUCTING  
COMPLIANCE INSPECTIONS OF THE TRANSPORTER.**

**THE COMPLIANCE INSPECTIONS WILL INCLUDE EVALUATING  
ALL RECORDS MAINTAINED BY THE TRANSPORTER AND  
INSPECTING THE TRANSPORTER'S CONVEYANCES.**

AUGUSTA  
17 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0017  
(207) 287-7688 FAX: (207) 287-7826  
RAY BLDG., HOSPITAL ST.

BANGOR  
106 HOGAN ROAD  
BANGOR, MAINE 04401  
(207) 941-4570 FAX: (207) 941-4584

PORTLAND  
312 CANCO ROAD  
PORTLAND, MAINE 04103  
(207) 822-6300 FAX: (207) 822-6303

PRESQUE ISLE  
1235 CENTRAL DRIVE, SKYWAY PARK  
PRESQUE ISLE, MAINE 04769-2094  
(207) 764-0477 FAX: (207) 760-3143



STATE OF MAINE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

JOHN ELIAS BALDACCI  
GOVERNOR

DAVID P. LITTELL  
COMMISSIONER

## NOTICE

**Receipt and review of applications and the issuance of decals and licenses for the Non Hazardous Waste Transporter Program is a process involving several staff members. We can not ensure that all staff can be available to contribute their part to the process while you wait.**

**Please make arrangement with Lisa Moore (telephone: 207-287-2821 or email: [lisa.m.moore@maine.gov](mailto:lisa.m.moore@maine.gov)) Should you need an immediate decision on your license application and she will do her best to accommodate you.**

**Unannounced walk-ins are, as always, welcome for obtaining application materials and relevant information pertaining to the Non Hazardous Waste Transporter Program.**

**Thank you for your cooperation.**

**Wm Butler, Administrator of the Non Hazardous Waste Transporter Program**

**Lisa Moore, Administrator Assistant to the Non Hazardous Waste Transporter Program**

AUGUSTA  
17 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0017  
(207) 287-7688 FAX: (207) 287-7826  
RAY BLDG., HOSPITAL ST.

BANGOR  
106 HOGAN ROAD  
BANGOR, MAINE 04401  
(207) 941-4570 FAX: (207) 941-4584

PORTLAND  
312 CANCO ROAD  
PORTLAND, MAINE 04103  
(207) 822-6300 FAX: (207) 822-6303

PRESQUE ISLE  
1235 CENTRAL DRIVE, SKYWAY PARK  
PRESQUE ISLE, MAINE 04769-2094  
(207) 764-0477 FAX: (207) 760-3143



*For Department Use Only*

A.	B.	C. / /
----	----	--------

A. Manifest Reporting is Current B. MNHWTLID C. Biennial License Expiration Date

**STATE OF MAINE APPLICATION/LICENSE  
FOR TRANSPORTATION OF NONHAZARDOUS WASTE**

1. STATE	2. YEAR – MAKE	3. VEHICLE I.D. NO

FOR TWO OR MORE VEHICLES ATTACH THE FLEET APPLICATION FORM

4.     NEW APPLICATION     RENEWAL     TRANSFER     ADDITION

5. APPLICANT NAME			
6. COMPANY NAME			
7. PHYSICAL & MAILING ADDRESS (if different)			
8. CITY / TOWN			
9. STATE		10. ZIP CODE	
11. TELEPHONE NUMBER			
12. FEDERAL I.D. NUMBER			

13. (CHECK ONE)     SOLE PROPRIETOR     PARTNERSHIP     CORPORATION     MUNICIPALITY  
 COUNTY     STATE GOVERNMENT     FEDERAL GOVERNMENT  
 OTHER

14. CATEGORY OF WASTE TO BE TRANSPORTED IN THE ABOVE VEHICLE(S):  
 **CATEGORY A** ...SPECIAL WASTE, TIRES, CONSTRUCTION & DEMOLITION DEBRIS  
 **CATEGORY B** ...MUNICIPAL SOLID WASTE (trash, garbage, rubbish)  
 **CATEGORY C** ...SEPTAGE

15. FEES SUBMITTED: \$  
 FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO "TREASURER, STATE OF MAINE" – SEE FEE SCHEDULE

16. REQUIRED ATTACHMENTS: (PLEASE CHECK OFF)
- A.  Certificate of Vehicle Insurance with DEP as certificate holder
  - B.  Disclosure Statement listing all civil or criminal violations, court proceedings or consent agreements concerning handling of waste. **IF NONE, CHECK HERE**
  - C.  Photocopy of vehicle registration (if applicable)
  - D.  Letter of authorization from the Company listed in Section 6 authorizing the applicant to apply for a license on behalf of the Company.

**By signing this application, I certify that the information contained in and attached to this form is true, correct and complete to the best of my knowledge.**

(printed or typed):

Title:

Signature: \_\_\_\_\_

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

**NONHAZARDOUS WASTE TRANSPORTER LICENSE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
17 STATE HOUSE STATION  
AUGUSTA, ME 04333  
(207) 287-2651**

**THIS LICENSE IS NOT VALID UNLESS STAMPED WITH DEPARTMENT SEAL AND DATE**  
 Authority for issuing: 38 M.R.S.A. Sections 1304(1) and 1304(1-A)

## INSTRUCTIONS FOR COMPLETING NON-HAZARDOUS WASTE TRANSPORTER LICENSE APPLICATION

Pursuant to 38 M.R.S.A., Sections 1304(1) and 1304(1-A) every owner or operator of a conveyance who transports, transfers, or disposes any solid waste, special waste, or septage within Maine shall license their conveyance with the Department of Environmental Protection.

**When you have completed filling in the application, please PRINT TWO COPIES and mail both copies to the Maine Department of Environmental Protection. After being stamped with the Department seal, one copy will be returned to you as your license.**

Mail Completed applications, with fees and attachments, to:  
**Non-Hazardous Waste Transporter License**  
**Department of Environmental Protection**  
**17 State House Station**  
**Augusta, ME 04333**

### INSTRUCTIONS:

1. State – Enter the state of registration of the conveyance.
2. Year - Make – Enter the model year and the manufacturer of the conveyance being licensed.
3. Vehicle I.D. No. – In most cases, this will be the VIN shown on the vehicle registration. Conveyances which do not require registration must enter a serial number or other unique identifying number in this space.
4. Please mark all appropriate boxes. **New application** means the conveyance has not been licensed to transport non hazardous waste in Maine. **Renewal** means re-licensing, prior to license expiration, of a conveyance's non hazardous waste transport license. **Transfer** means transfer of one or more conveyance licenses to another owner or leasee after sale or lease of the conveyance(s). **Addition** means the adding additional conveyances to an existing license.
5. Applicant Name –This is the name of the person applying for a license on behalf of the entity listed in Section 13.
6. Company Name –This is the name of the entity checked off in Section 13.
7. Physical & Mailing Address –List both the physical location and mailing address of the Company.
- 8 through 10 –Self-explanatory.
11. Telephone Number. –List the day time telephone number of the Company.
12. Federal ID Number – Enter the Federal Employer Identification Number, or, if none, your Social Security Number.
13. Check the appropriate box that best describes the Company.

- 14. Category of Waste** – Check the appropriate box or boxes.
- 15. Fees Submitted** – Enter the total amount of fees being submitted with this application. If the applicant is a governmental entity exempt from fees pursuant to Chapter 411, Section 2(E)(3), write “exempt”.
- 16. Required Attachments** – The license application will not be complete without these attachments: a legible photocopy of the VEHICLE REGISTRATION (or other form if a military vehicle); a CERTIFICATE OF INSURANCE or certificate of self-insurance in accordance with 06-096 CMR 411.7; DISCLOSURE STATEMENT of the applicant’s history of compliance with state and federal laws and regulations relating to the handling of waste in accordance with 06-096 CMR 411.3(A)(4); and AUTHORIZATION LETTER.

**Completed applications must be signed, dated, and forwarded, with fees and attachments, to the Department of Environmental Protection. The top page of the multi-page form will be returned, after being stamped with the Department seal and date, as your license.**