Florida Department of Environmental Protection

DEP Form # 62-705.900(1), F.A.C.

Form Title: Application for Grease Waste Hauler License

Effective Date: Month Date, 20XX

DEP Application No.

(Completed by DEP)

Bob Martinez Center 2600 Blair Stone Road

Tallahassee, Florida 32399-2400

**APPLICATION FOR GREASE WASTE HAULER LICENSE**

Pursuant to Rule 62-705.300(3), Florida Administrative Code, a hauler shall submit the following information on this form to the Department to obtain a grease waste hauler license and approval to transport grease waste.

# License: □ New □Renewal

**Part I- Business Information:**

1. Business name of Hauler: WACS ID Number:

(*Assigned by Department)*

1. Other business names of Hauler (DBA's if applicable):
2. Mailing address of Hauler:

City State Zip

1. Street address of Hauler (if different from above):

City County State Zip

1. Telephone number of Hauler: ( ) Email address:
2. Have any enforcement actions been taken by the Department or other governmental agency against the applicant for violation of Department rules relating to the collection or disposal of grease waste? This includes any Complaint, Notice of Violation, revocation, or suspension of a license, as well as any Consent Order in which a violation of Department rules is admitted. You are not required to include any instance where a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document was issued if no further enforcement action was taken by the Department or other governmental entity.

□ Yes □

No If yes, attach a history and description of the enforcement actions.

# Part II- Company Point of Contact for Grease Waste Collection Operations:

1. Name of Point of Contact:
2. Telephone number of Point of Contact: ( ) Email address:

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WACS ID:

# Part III- Processing and Disposal Information:

1. List all known locations where you will be **delivering** or **depositing** grease waste for recycling or disposal (attach additional sheets if necessary):

Name Address City State

# Part IV. Certification

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate, and correct. I have attached all documents and/or authorizations that are required. Further, the undersigned agrees to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department. It is understood that the License is not transferable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name of Authorized Agent |  | Signature of Authorized Agent |  | Date |
|  |  | **Mail completed form to:** |  |  |
|  |  | Florida Department of Environmental Protection |  |  |
|  |  | Division of Waste Management / Grease Waste |  |  |
|  |  | 2600 Blair Stone Road, MS 4550 |  |  |
|  |  | Tallahassee, Florida 32399-2400 |  |  |
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