



Solid Waste Program

Alameda County Department of Environmental Health
Solid/Medical Waste Management
1131 Harbor Bay Parkway, Alameda, CA 94502
Phone: (510) 567-6790 Fax: (510) 337-9234
www.acgov.org/aceh

SOLID WASTE VEHICLE REGISTRATION FORM

TYPE OF WASTE HAULED: (Check all that apply)		TYPE OF APPLICATION:	
<input type="checkbox"/> MUNICIPAL SOLID WASTE	<input type="checkbox"/> CONSTRUCTION & DEMOLITION	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> MIXED WASTE ORGANICS	<input type="checkbox"/> RECYCLABLES	-----	
<input type="checkbox"/> SOURCE SEPARATED ORGANICS	<input type="checkbox"/> OTHER	<input type="checkbox"/> PERMIT FEE SUBMITTED	

FACILITY NAME _____ PHONE NUMBER (____) _____

FACILITY ADDRESS _____ CITY _____ ZIP CODE _____

BUSINESS OWNER NAME _____ PHONE NUMBER (____) _____

BUSINESS OWNER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ PHONE NUMBER (____) _____

EMAIL ADDRESS _____

VEHICLE PARKING ADDRESS _____ CITY _____ ZIP CODE _____

SOLID WASTE FACILITIES SERVICED IN ALAMEDA COUNTY (WHERE SOLID WASTES ARE PICKED-UP)

	Facility Name	Address	City	Zip Code
1				
2				
3				
4				

PRINT NAME / TITLE _____

SIGNATURE _____ DATE: _____

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required fee and late penalties, if any, to secure a valid permit, is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceedings, and/or closure. Notify the Department of Environmental Health of any change in the type of business activity, name, mailing address, or ownership by calling the number above. PERMITS AND FEES ARE NOT TRANSFERABLE.

LIST THE INFORMATION FOR THE VEHICLES YOU WISH TO REGISTER. (USE BACK FOR MORE SPACE)

	MODEL	YEAR	LICENSE PLATE	VIN#	COMPANY VEHICLE #	CAPACITY (TONS)	TYPE OF WASTE (MSW, C&D, ORGANICS, ETC)
1							
2							
3							

FOR OFFICIAL USE ONLY

FA# _____ PR# _____	ENVIRONMENTAL HEALTH SPECIALIST: _____
AMOUNT PAID: _____ DATE PAID _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED DATE: _____



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	MODEL	YEAR	LICENSE PLATE	VIN#	COMPANY VEHICLE #	CAPACITY (TONS)	TYPE OF WASTE (MSW, C&D, ORGANICS, ETC)
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5							
6							
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