



## Waste Hauler Program: New Truck / Driver Form

### Section A: Vehicle Information

Company Name	Vehicle Make	Year	License Tag #	State Licensed	Tank Capacity

### Section B: Operator Information

Driver Name	Birth Date	CDL License #	State Licensed	Copy of CDL

I am familiar with and have personally examined the information submitted in this document and any attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe the submitted information is true, accurate, and complete. **My signature below indicates that my company, its representatives, and each driver or operator, has reviewed and agrees to comply with KUB's Waste Hauler Program Requirements.** I am aware that there are significant penalties for submitting false information or failing to comply with the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner