Commercial Wastewater Disposal Permit Application

Section A: General Information

Company Name	
Mailing Address	
Business Address	
Business Phone	
E-mail Address	
Name & Title of Signing Official	
Primary Point of Contact	
Type of Waste	

Section B: Vehicle Information

KUB Permit #	Vehicle Make	Year	License Tag #	State Licensed	Tank Capacity

Section C: 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 KUB Waste Hauler Program.

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Date Signature of Owner