



Sebastian County Solid Waste District

ANNUAL WASTE HAULER LICENSE APPLICATION

FOR OFFICE USE ONLY

PERMIT # _____ VEHICLE INSPECTION APPROVAL: _____

DATE _____ , _____
Month Day Year

**Applications must be returned to: 423 Rogers Avenue, Suite 102, Fort Smith,
AR 72901**

FOR COMPLETION BY APPLICANT

***** ONE FORM PER VEHICLE *****

I. APPLICANT INFORMATION

Local Company Name: _____

Local Facility Address: _____

City: _____ State: _____ Zip Code: _____

Local Contact Person: _____ Local Phone Number: _____

Business Name: _____
(if different than Local Company Name)

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Contact Person: _____ Phone: _____

CERTIFICATION OF COMPLETION (must be signed by Company President or equivalent):

I certify that the information provided within all pages of this application is true and complete and that I have read and understand the Waste Hauler requirements.

Printed Name: _____

Signed: Title: Date:

- For every vehicle you have, you must complete this page and submit with your application. (ie, 3 vehicles, 3 vehicle information pages)

II. VEHICLE INFORMATION:

Name of Vehicle Owner: _____

Company's Vehicle Number: _____

Year: _____ Make: _____

Model: _____ License Plate #: _____

GVW: _____ Number of Axles: _____

Manufactures Vehicle ID # (VIN): _____

III. TYPE OF WASTE COLLECTED:

Type of Waste: _____
 Residential Commercial Industrial

Vehicle Capacity: _____
 Cubic Yards Tons

IV. FINANCIAL RESPONSIBILITY:

Insurance Carrier: _____

Insurance Policy #: _____

Contractor/Vehicle Liability Coverage Amount: \$ _____

Note:

Contractor/Vehicle Liability Insurance minimum coverage is \$75,000 as required by Arkansas State Law (ACA § 27-19-605 of 1999)

**PERMITTED HAULERS WITH MORE THAN TWO (2)
VEHICLES MUST ATTACH A CERTIFICATE OF INSURANCE
with the "SEBASTIAN COUNTY REGIONAL SOLID WASTE
MANAGEMENT DISTRICT" IDENTIFIED AS THE
"CERTIFICATE HOLDER"**



Sebastian County Solid Waste District

HAULERS PERMIT FEE ASSESSMENT CALCULATION WORKSHEET

DATE: _____, _____
Month Day Year

Local Business Name: _____

Local Facility Address: _____

City: _____ State: _____ Zip Code: _____

Local Contact Person: _____

Local Phone Number: _____

Total number of vehicles being assessed: _____

FEE ASSESSMENT:

1. Up to first two (2) vehicles = \$100.00 \$ 100.00
2. Number of additional vehicles _____ X \$50.00 \$ _____
(Not to exceed 18)
3. Number of additional vehicles exceeding 18 _____
4. Subtotal (add lines 1 and 2) \$ _____
5. If new hauler multiply line 4 by _____
(enter amount from Proration Chart below) _____
6. Subtotal (enter line 4 or 5 whichever is less \$ _____
unless 0, then enter higher value)
7. Late penalty * if applicable (multiply line 6 by 2.0) \$ _____
8. TOTAL (Enter line 6 or 7 whichever is greater) \$ _____

Proration Chart. If new hauler, enter appropriate number of corresponding month on line 4.
January - 1.0, February - 0.83, March - 0.75, April - 0.67, May - 0.58, June - 0.5, July - 0.42,
August - 0.33, September - 0.25, October - 0.25, November - 0.25, December - 0.25

Application instructions for Solid Waste Hauler Permit

1. If you are currently a licensed hauler, you are not required to have your vehicle(s) inspected for a 2017 permit to be issued. However, SCRSWMD may choose to inspect any or all of your vehicle(s) after a permit is issued.
2. If you currently **are not** a licensed hauler, you may be required to have your vehicles inspected before a permit will be issued. You are required to contact Darla Morgan, at 452-4101 to set up an appointment to have your vehicles inspected.
3. **You must complete a separate Hauler Permit Application form for each individual vehicle.** For multiple vehicles, after completing all of information and signing the first page of the application (i.e. Section 1: Registrant) you may make copy of the first page and submit it with the completed remaining portions of the application for each individual vehicle.
4. The certification statement on the bottom of the first page of the application shall be signed by the Company President or equivalent local managerial level position personnel.
5. Use the Fee Assessment Worksheet to determine the total fee to be paid when submitting your annual application and other documents.
6. A copy of the inspection form is provided for your convenience in preparing for an inspection by SCRSWMD.
7. A copy of the Waste Hauler Permit Requirements is provided in this packet for your reading and understanding.
8. **Mail the completed and signed Annual Permit Application and Fee Assessment forms to SCRSWMD at 423 Rogers Avenue, suite 102, FORT SMITH, AR 72901.** You must include proof of insurance and a check or money order made out to SCRSWMD. Incomplete forms will result in denial of a permit. **Cash will not be accepted!** Your permit decals will be sent to you by return mail.



Sebastian County Solid Waste District

Solid Waste Hauler Permit Requirements

1. All Solid Waste Haulers currently licensed by SCRSWMD must have their annual applications submitted by to avoid a fee penalty of up to 2 times (2X) the original fee amount per vehicle.
2. All applications submitted to SCRSWMD for each vehicle must be complete, signed, accompanied with full payment, and accepted by SCRSWMD before a vehicle permit sticker will be issued.
3. All currently licensed solid waste haulers must have their vehicle permit sticker installed by March 1, 2017 or access to the City of Fort Smith Landfill will be denied.
4. The vehicle permit sticker shall be mounted on upper left hand corner of front windshield and at all times shall be clearly visible to the scale house personnel at the City of Fort Smith Landfill.
5. Vehicle permits are non-transferable and non-returnable. Vehicles purchased to replace an existing permitted vehicle will be provided a new permit sticker at no cost.
6. Permitted vehicles may be inspected by SCRSWMD at any time during regular working hours.
7. **All solid waste collected within Sebastian County must be transported to a state permitted facility and in accordance with any other local government agreements.**
8. The District may require any hauler to routinely provide copies of their Solid Waste Quarterly Report Form (or acceptable equivalent form) submitted to the Arkansas Department of Environmental Quality (or equivalent agency).
9. Solid waste shall be collected and transported in accordance with ADEQ Regulation 22 so as to prevent public health hazards, environmental hazards, safety hazards and nuisances.
10. Collection and transportation equipment and vehicles shall be suitably designed and maintained to be leak-proof.
11. Waste shall be suitably enclosed or covered during transport to prevent roadside littering, attraction of vectors or creation of other nuisances. This means that vehicles must have either: enclosed waste storage areas; or for vehicles with open waste storage areas, they must be tarped.



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Solid Waste Hauler Permit Requirements (page2)

12. All permitted and unpermitted solid waste collection and transportation vehicles must be kept in a sanitary condition.
13. Collection and transportation vehicles must be road worthy in accordance with State of Arkansas and Federal regulatory controls.
14. Collection and transportation of chemicals, poisons, explosives, medical "red-box" or "red-bag" wastes, radiological wastes and other hazardous materials shall be in accordance with the requirements of Local, State and Federal regulatory controls. These wastes are specifically prohibited from disposal at the City of Fort Smith Sanitary Landfill.
15. Materials containing asbestos may be transported to City of Fort Smith landfill in accordance with the requirements of Local, State and Federal regulatory controls.
16. Failure to follow or comply with these requirements will result in revocation of the Hauler Permit.

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