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APPLICATION FOR WASTE TRANSPORTER PERMIT

*****APPLICATION AND \$50 FEE MUST BE SUBMITTED FOR EACH VEHICLE*****

NAME OF COMPANY: _____

CONTACT PERSON: _____ PHONE #: _____

LOCATION: _____ EMAIL: _____

MAILING ADDRESS: _____

PHONE #: _____ FAX #: _____

VEHICLE LICENSE #: _____ UNIT#: _____

MODEL: _____ MAKE: _____ YEAR: _____

BODY CAPACITY: _____

FACILITY WASTE TO BE DELIVERED TO: _____

TYPE OF WASTE TO BE TRANSPORTED: _____

COUNTY VEHICLE REGISTERED IN: _____

APPLICANT'S SIGNATURE

DATE

ENV. HEALTH SPECIALIST SIGNATURE

DATE

RECEIPT #: _____ DATE: _____ AMOUNT PAID: _____