



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Bureau of Environmental and Coastal Quality
 DEQ: P.O. Box 501304 Saipan, MP 96950 Tel.: (670) 664-8500/01; Fax: (670) 664-8540
 DCRM: P.O. Box 10007, Saipan, MP 96950 Tel.: (670) 664-8300; Fax: (670) 664-8315
www.deq.gov.mp and www.crm.gov.mp



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|--|----------------------|
| Solid Waste Management COMMERCIAL WASTE HAULER REGISTRATION FORM | BECQ USE ONLY |
| <p>The purpose of the Solid Waste Management Regulations is to establish the requirements and criteria for new and existing solid waste management activities and solid waste management facilities (SWMFs) including, but not limited to, municipal solid waste landfills and other landfilling operations, incineration, solid waste collection and transfer, materials processing, recycling, composting, and salvage. These requirements and criteria ensure the protection of human health and the environment.</p> | |

| TYPE OF APPLICATION | APPLICATION CHECKLIST | |
|--|--|--|
| <input type="checkbox"/> NEW APPLICATION (\$40) | <input type="checkbox"/> Copy of a List of all trucks and other equipment involved in the operation | <input type="checkbox"/> Copy of Company Business License <small>(Please ensure that the Company Business License is not expired.)</small> |
| <input type="checkbox"/> RENEWAL (\$40) | <input type="checkbox"/> Copy of Insurance for each Motor Vehicle | <input type="checkbox"/> Copy of Vehicle Registration for each Motor Vehicle involved in the operation |

| OWNER INFORMATION | |
|--|---------------|
| Owner Name (Corporation, Individual, Public Agency, or Other entity) | |
| Mailing Address | |
| Phone Number / Fax Number | Email Address |

| FACILITY INFORMATION | | |
|--------------------------------|--------------------------|-----|
| Facility Name | | |
| Facility Address | | |
| City | State | ZIP |
| Village | Telephone Number / Email | |
| Owner or Operator Name & Title | | |
| Owner or Operator Address | | |
| City | State | ZIP |
| Village | Telephone Number / Email | |

| STATEMENT | | |
|---|-----------|------|
| I certify that the information provided on this form and all the attached documents is true, accurate and complete. | | |
| Print Name | Signature | Date |

COMMERCIAL HAULER VEHICLE INFORMATION

| | | | ISSUE DATE | | RENEWAL DATE | |
|--|------|------|----------------------|------------|--------------|--------|
| | | | | | | |
| LICENSE PLATE NUMBER | YEAR | MAKE | MODEL | BODY STYLE | COLOR | WEIGHT |
| | | | | | | |
| VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER | | | ENGINE SERIAL NUMBER | CYLINDER | CAPACITY | |
| | | | | | | |

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| | | | | | | |
| VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER | | | ENGINE SERIAL NUMBER | CYLINDER | CAPACITY | |
| | | | | | | |

MAP / LOCATION OF FACILITY (PLACE WHERE VEHICLES AND/OR EQUIPMENT STORED)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for a map or location diagram showing the facility where vehicles and/or equipment are stored.