YORK COUNTY SOLID WASTE AND REFUSE AUTHORITY

2027 REGISTRATION APPLICATION

for the COLLECTION and TRANSPORTATION of
MEDICAL WASTE
(PART IV of the RULES and REGULATIONS)

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1. COMPANY INFORMATION:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

E-MAIL ADRRESS : _____

PADEP Infectious Chemotherapeutic Waste Transporters License Number: _____
Include a photocopy of your PADEP License with this application.

2. AUTHORIZATION TO RELEASE COMPANY INFORMATION:

The YCSWA occasionally receives requests from companies, municipalities or individuals for information with respect to registered waste haulers in York County. By checking the following box you are authorizing the YCSWA to release any information found in Sections 1 of this application. Leave blank if you do not wish to release this information.

☐ I authorize the York County Solid Waste Authority to release the information as described above.

3. REQUEST FOR RULES/REGULATIONS and STANDARDS:

As a registered hauler, it is important that you have a copy of the Municipal Waste Collection and Transportation Registration Rules/Regulations and Standards. Please check the following block which applies to you. If you check that you need a copy of the Rules/Regulations and Standards, we will send you a copy when we mail your approved application. **You can also find our Registration Rules/Regulations and Standards online at: https://www.ycswa.com/resources/resources-for-haulers-processors-brokers/. Always retain a copy of the Registration Rules/Regulations and Standards.**

☐ Send me a copy of the Registration Rules/Regulations and Standards.

☐ I have read the Registration Rules/Regulations and Standards on the YCSWA website.

4. FEES: $0.00

(Over)

5. CERTIFICATE:

IT IS HEREBY CERTIFIED THAT:

A. THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND ACCURATE AND CONTAINS NO MATERIAL ERRORS OR OMISSIONS;

B. THE APPLICANT SHALL, AS A CONDITION OF THE CONTINUED EFFECTIVENESS OF ANY REGISTRATION ISSUED HEREUNDER, OPERATE ITS BUSINESS IN ACCORDANCE WITH THE REQUIREMENTS OF THE REGISTRATION, ANY APPLICABLE STATUTES, ORDINANCES, ORDERS, RULES AND REGULATIONS AND STANDARDS OF THE COMMONWEALTH, THE COUNTY, OR THE AUTHORITY, AND IN ACCORDANCE WITH ALL APPLICABLE PROVISIONS OF THE PLAN, ACT 101 AND FEDERAL LAW; AND

C. EXECUTION OF THIS APPLICATION FOR A REGISTRATION HAS BEEN DULY AUTHORIZED, AND UPON ISSUANCE OF A REGISTRATION PURSUANT HERETO, THE REGISTRANT SHALL BE OBLIGATED TO COMPLY WITH THE TERMS AND CONDITIONS OF SAID REGISTRATION, THE RULES AND REGULATIONS AND STANDARDS PROMULGATED THEREUNDER, THE PLAN, THE ORDINANCE AND ACT 101.

NAME: _____ SIGNATURE: _____

(type or print)

DATE: _____

THE AUTHORITY HAS 30 CALENDAR DAYS, AFTER RECEIPT OF APPLICATION, TO APPROVE OR DISAPPROVE THIS APPLICATION.

MAIL TO:
YORK COUNTY SOLID WASTE AUTHORITY
2700 BLACKBRIDGE ROAD
YORK, PENNSYLVANIA 17406

OR

EMAIL TO:
wastemonitoring@ycswa.com

YCSWA use only

YCSWA REGISTRATION NUMBER: _____ DATE: _____

APPROVED BY: _____

6. VEHICLE INFORMATION:

VEHICLE BODY TYPE	LICENSE PLATE #

Body Types: Pickup=pickup truck; Panel=panel truck; Van=van; REL = rear end loader; FEL=front end loader; R/O=roll off; Dump=dump truck; Stake=stake body; Tank=tanker truck;