YORK COUNTY SOLID WASTE AND REFUSE AUTHORITY

2027 REGISTRATION APPLICATION

for the COLLECTION and TRANSPORTATION of
WATER TREATMENT and WASTEWATER TREATMENT SLUDGE
(PART III of the RULES and REGULATIONS)

1. COMPANY INFORMATION:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

E-MAIL ADRRESS : _____

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. DISPOSAL AREAS:

List in the following table areas which you use for disposing of water treatment or wastewater treatment sludge which is collected in, or transported to, York County. Include all land application sites and wastewater treatment plants.

Name and Address of Disposal Site	Permit Number

(Over)

5. CERTIFICATION:

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 REGISTRATIONE 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 Rd.
York, PA 17406

Or email to:
wastemonitoring@ycswa.com

AUTHORITY USE ONLY

Registration #: _____

Approved By: _____

6. Vehicle Information

Vehicle Body Type[1] *See Description Found Below*	**Tank Volume**	**Fleet Number**	**License Plate #**	**Current YCSWA Decal #**	Check if ONLY year decal needs replaced	Check if WHOLE decal needs replaced

1) Body Types: Tank= Tanker Truck; TT= Tractor Trailer;
2) Enter the Decal Number For Each Vehicle. **Leave Blank For First Time Applicants** or when adding new vehicles.

DECAL MAY NOT BE TRANSFERRED FROM THE VEHICLE TO WHICH IT WAS ORIGINALLY ISSUED.