# APPLICATION FOR KANSAS HAZARDOUS WASTE/USED OIL TRANSPORTER'S REGISTRATION

**Guidelines for completion are attached. Please print in ink or use typewriter.**

| **COMPANY INFORMATION** | | | | |
|---|---|---|---|---|
| Company Name: | | | EPA ID #: | |
| Contact First Name: | Contact Last Name: | | | Contact Title: |
| Business Phone: | Emergency Phone: | | Fax: | |
| Mailing Address: | | | E-mail: | |
| City: | State: | Country: | | Zip: |
| Location Address: | | | KS County: | District: |
| City: | State: | Country: | | Zip: |

| **TRANSPORTATION SERVICES** | | |
|---|---|---|
| Answer each question below with a "Yes" or a "No" response. All questions must be answered and apply only to transportation within, into, out of or through the state of Kansas. | | |
| ☐ Yes | ☐ No | Does your firm operate on a for-hire basis? |
| ☐ Yes | ☐ No | Is your firm a private carrier? |
| ☐ Yes | ☐ No | Is your firm an interstate carrier? |
| ☐ Yes | ☐ No | Is your firm an intrastate carrier (KANSAS ONLY)? |
| ☐ Yes | ☐ No | Does one or more of the vehicles have a GVWR of over 10,000 lbs? |
| ☐ Yes | ☐ No | Does your firm transport hazardous materials (USDOT) in bulk? |
| ☐ Yes | ☐ No | Should your firm's name be included on a list of registered transporters? |

| **HAZARDOUS WASTE TRANSPORTERS** | | |
|---|---|---|
| ☐ Yes | ☐ No | Does your firm transport any of the following hazardous wastes? |

- HW in cargo tanks, portable tanks or hopper-type vehicles with capacities >3,500 gal.
- Waste bulk Class A or B explosives.
- Waste poison gas (Poison A).
- Waste compressed gas of liquified compressed gas.
- Waste radioactive materials as defined by the USDOT, in large quantities.

| | |
|---|---|
| ☐ Yes ☐ No | Does your firm transport Hazardous Waste, Hazardous Materials, or Hazardous Substances (USDOT) other than those listed above: |
| Please indicate the specific type(s) of waste your firm will transport within, into, out of or through Kansas. | |
| ☐ Yes ☐ No | Waste solvents or flammable liquids. |
| ☐ Yes ☐ No | Corrosive liquids. |
| ☐ Yes ☐ No | Other liquid wastes. |
| ☐ Yes ☐ No | Bulk sludges or solids (i.e., dump truck or roll off). |
| ☐ Yes ☐ No | Containers (i.e., drummed wastes). |
| ☐ Yes ☐ No | Used Oil. |
| ☐ Yes ☐ No | Radioactive waste. |

| **INSURANCE COMPANY IDENTIFICATION** | | | |
|---|---|---|---|
| A certificate of insurance **(ACORD Form)** must be submitted. This application will **NOT** be processed until insurance coverage is documented. An MC-90 or Form E will not be accepted**.** Refer to the attached instructions for specific insurance requirements. | | | |
| Insurance Company Name: | | | |
| Liability Insurance Policy Number: | | Insurance Expiration: | |
| Agent's Name: | | Agent's Phone: | |
| Mailing Address: | | | |
| City: | State: | Country: | Zip: |

| **MONITORING FEE** |
|---|
| A $200 check made payable to "Hazardous Waste Management Fund -KDHE" must be attached. |

| **VEHICLE ROUTING** |
|---|
| It is the responsibility of the transporter as required by K.A.R. 28-31-7, to confine the carriage of hazardous wastes on preferred routes which have been approved by the Department. It may be assumed that all interstate routes, U.S. highways, state highways, and temporary detours may be used unless notice to the contrary is given. |

| CERTIFICATION |
| --- |
| I hereby certify that the information provided herein is complete and correct to the best of my knowledge and that I am authorized to sign official documents for my organization. I further certify that the equipment to be used for the transportation of hazardous waste meets and will be operated in accordance with the rules and regulations of the Kansas Department of Health and Environment as set forth in K.A.R. Article 31, and the United States Department of Transportation, Federal Highway Administration, Bureau of Motor Carrier Safety, as published in Part 171-178 and 390-397, Title 49 CFR. |

| | |
| --- | --- |
| Authorized Representative<br>(Type or Print Name) | Signature of Authorized Representative |
| Title of Authorized Representative | Date |

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**RETURN FORM**

**Attn: Linda Dale**
**Kansas Department of Health and Environment**
**Bureau of Waste Management**
**1000 SW Jackson, Suite 320**
**Topeka, Kansas 66612-1366**

**QUESTIONS**

**Phone: 785/296-6598 or**
**785/296-1600**
**Fax: 785/296-8909**
**E-mail: notifications@kdheks.gov**

# INSTRUCTIONS

## COMPANY INFORMATION

Company Name: Enter the name of the organization, corporation, federal agency, etc., as well as any names specific to the individual place of operation (i.e. ABCD Company, XYZ Manufacturing Plant).

EPA ID #: Enter the organization's EPA Identification Number. Hazardous waste SHALL NOT be transported without an EPA Identification Number. If you do not have such a number contact KDHE for assistance at 785/296-1600 and the appropriate form. If out-of-state, contact your state for assistance in obtaining an EPA ID Number.

Contact Information: Enter the First and Last Name and business title of the person who should be contacted regarding transportation of hazardous waste.

Telephone Numbers: Enter the business telephone number, the emergency 24-hour telephone number and fax number where the contact person can be reached during the day and away from the organization.

Mailing and Location Address: Enter the mailing and location addresses for the place of operation.

E-mail Address: Enter the e-mail address for the organization, corporation, federal agency, etc. if available.

## TRANSPORTATION SERVICES & HAZARDOUS WASTE TRANSPORTERS

Answer each question. Please note the specific terms used in the questions refer to the U.S. Department of Transportation definitions. Terms given, in the question, refer to common definitions. These responses will be used to determine which insurance requirements (U.S. Department of Transportation or State of Kansas) your organization is required to meet.

- FOR-HIRE BASIS---Refers to an individual who receives compensation from companies or other individuals for the transport of wastes. Includes both common and contract carriers.
- PRIVATE CARRIER---Refers to an individual who transports waste which he or she owns or holds.
- INTERSTATE CARRIER---Refers to an individual who transports wastes across state lines.
- INTRASTATE CARRIER---Refers to an individual who transports wastes within the borders of Kansas.
- IN BULK---The transportation of cargo tanks, portable tanks or hopper-type vehicles, except Class A and B explosives and poison gases, in containment systems with capacities in excess of 3,500 water gallons.
- IN BULK---(Class A and B Explosives)----The transportation, as cargo, of an Class A or B explosive(s) in any quantity.
- IN BULK---(Poison Gas)----The transportation, as cargo, of any poison gas in any quantity.

## INSURANCE COMPANY IDENTIFICATION

Enter the insurance company name, policy number, insurance expiration date, agent's name, telephone number

and mailing address. Please attach a certificate of insurance **(ACORD)** form which shows your firm meets the liability requirements specified below, effective and expiration dates of coverage, and the insurers and insurees name. **(Form E and MC-90 are not accepted).**

COVERAGE AMOUNTS:

- The U.S. Department of Transportation; or
- The Kansas Department of Health and Environment

**Kansas Administrative Regulation (KAR) 28-31-6(c)**
$1 million per person and
$1 million per occurrence - bodily injury or death, and
$1 million for all damages to the property of others; or
$1 million combined bodily injury or death and property damage

**NOTE:** The Kansas insurance requirements must be met by those firms NOT required to meet the U.S. Department of Transportation liability insurance requirements.

**NOTE: K.A.R. 28-31-6(c)(2)(3) will be strictly enforced.** It is the responsibility of the transporter to maintain adequate insurance coverage at all times. Should any of the coverages, set forth on the certificate of insurance (ACORD form), be reduced, canceled, terminated or non-renewed, the transporter shall, within thirty-five (35) days prior to the effective date of such action, furnish KDHE with appropriate notices of such action. Proof of periodic renewal shall be furnished KDHE prior to the expiration date of the policy or your transportation certificate will be canceled.

## MONITORING FEE

**K.A.R. 28-31-10(c)** requires that all transporters pay an annual monitoring fee of $200.00. This fee shall be paid at the time the transporter registers with the department in accordance with K.A.R. 28-31-6, and prior to January 1 for each year thereafter.

## VEHICLE ROUTING

**K.A.R. 28-31-263a(d)** This section is self-explanatory.

## CERTIFICATION

The form shall be signed by an authorized company official. An unsigned form cannot be processed.

## RETURN FORM

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**Bureau of Waste Management**
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