



Kansas
Department of Health and Environment
Hazardous Waste Transporter Registration/Renewal
for transporters located outside of Kansas
(A hazardous waste transporter may also transport used oil.)

Company Information			
Legal Name:			
EPA ID #:		US DOT #:	
Contact First Name:	Contact Last Name:	Contact Title:	
Email:			
Location Address:			Business Phone:
City:	State/Country:	Zip:	Emergency Phone:
Mailing Address:			Fax:
City:	State/Country:	Zip:	
Transfer Facilities and Transportation Services			
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your company transport used oil in addition to hazardous waste?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your company have transfer facilities in Kansas where used oil is stored? If you answered yes, please attach a list of those facilities; include the location, contact person and telephone number.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Would you like your company to be included on a list of registered transporters that will be posted on the Bureau of Waste Management website?			
Monitoring Fee			
The fee for hazardous waste transporters is \$200 . Please submit a check made payable to the "Hazardous Waste Management Fund-KDHE" or contact the Bureau of Waste Management for other payment options.			
Insurance Information			
A certificate of insurance (ACORD Form) must be submitted. This application will NOT be processed until insurance coverage is documented. <u>An MC-90 or Form E will not be accepted.</u> See KAR 28-31-6 for insurance requirements.			
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 company will comply with the rules and regulations of the Kansas Department of Health and Environment as set forth in KAR Article 31, and applicable United States Department of Transportation and Kansas Department of Transportation regulations.			
Authorized Representative (<i>Type or Print Name</i>)		Title of Authorized Representative	
Signature of Authorized Representative		Date	

Regulations concerning hazardous waste and used oil transporters can be found at KAR 28-31-4 et seq.

RETURN FORM TO

Kansas Department of Health and Environment
Bureau of Waste Management
Attn: Stacey Smith
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366

QUESTIONS

Phone: 785-296-0005 or
785-296-1600

Fax: 785-559-4252

Email: kdhe.notifications@ks.gov