



**Michigan Department of Environmental Quality
Office of Waste Management and Radiological Protection**

**MOTOR CARRIER REGISTRATION RENEWAL FOR THE UNIFORM PROGRAM
APPLICATION FOR LIQUID INDUSTRIAL WASTE TRANSPORTATION**

Required by Part 121, Liquid Industrial Wastes, Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended and the Hazardous Materials Transportation Act, 1998 PA 138.

REVIEW THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

Part I. Registration Application	
1a. Applicant name:	1b. Employer ID number:
2. Mailing address (including zip code): 2b. Email address	3. Street address, if different (include zip code):
4. Person to contact concerning this application:	6. Contact phone:
5. Contact title:	7. Contact FAX:
8a. USDOT Motor Carrier No.(Required for all interstate transporters):	8b. State ID No., for intrastate carriers:
9a. USDOT HazMat Registration Number, if applicable. (Most recent number, changes annually):	9d. Do you transport hazardous waste: _____ Yes _____ No
9b. Federal EPA Transporter Identification No., if applicable:	9e. Do you transport hazardous material: _____ Yes _____ No
9c. MDEQ assigned Transporter Identification Number:	9f. Do you transport used oil: _____ Yes _____ No
10. Emergency phone number at which the carrier can be contacted (including answering machines or voice mail):	
11. Information provided on this application covers the previous 12 month period: Calendar Year 20____ or Fiscal Year--From _____ to _____	
12. <u>FLEET INFORMATION</u>	
a. Average number of power units owned, leased or operated for the time period indicated in Part I, Item 11, _____ Under 10,000 lbs. GVW ; _____ At or above 10,000 lbs. GVW	
b. Percentage of all transportation activity involving LIW: _____	
c. Percentage of all transportation mileage in Michigan: _____	
13. Provide the average number of transportation cargo units owned, operated, or leased, during the twelve month period indicated in Part I. _____	

Part III: General Application Certifications

I understand that as the **owner/officer** of this company any information contained in this application may be verified through either a desk audit or on-site audit.

If this is a renewal of a current permit, I certify that, to the best of my knowledge there are no changes to the information which was originally provided in Part II. If changes have occurred in Part II, I have checked the box below and listed the changes in the space provided.

I, the undersigned, swear and affirm that the statements, documents and certifications in this application and attachments are true and correct. Additionally, the removal, transportation and disposal of liquid industrial waste will be done in accordance with the requirements of Part 121, Liquid Industrial Wastes, Michigan Compiled Laws (MCL) 324.12101 et seq. and Part 111, Hazardous Waste Management (Used Oil), MCL 324.11101 et seq. of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and any administrative rules promulgated. I understand and affirm the authority of the Department of Environmental Quality, the Department of State Police, Department of Natural Resources, or the local law enforcement agency to perform reasonable inspections on transportation vehicles, equipment, and facilities.

Name (Owner/Officer)
(Please type or print)

Title

Telephone

Signature

Date

False statements may violate state law, may incur penalties, and may invalidate the registration and permit form.

Changes to Part II (Current Permit Renewal Only)

LIST PART II CHANGES BELOW:

It is strongly recommended that you visit the FMCSA web site to review your company's security procedures against these recommended strategies:
www.fmcsa.dot.gov/hazmatsecure.htm

THIS APPLICATION IS FOR ANNUAL REGISTRATION RENEWALS ONLY
NOT FOR PERMIT RENEWALS OR NEW APPLICANTS

This application, Attachment A, and appropriate fees must be mailed to:
CASHIER'S OFFICE
MICHIGAN DEPARTMENT of ENVIRONMENTAL QUALITY
PO BOX 30657
LANSING MI 48909