APPLICATION FOR LIQUID WASTE HAULER REGISTRATION



Orange County Health Care Agency

Environmental Health

1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705-5611

Telephone: (714) 433-6284 - FAX: (714) 433-6481	481
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NEW ACCT

Name of Business (DBA):		Business Class: _	
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Legal Owners:		Business Phone:	
Owner Home Address:	City:		Zip Code:
Co-owner Home Address:	City:		Zip Code
Where do you offload collected wastes? I hereby make application in conformance with Section 117400 throu engage in the business of a liquid waste hauler within Orange County you with any change to the information listed on this application with directions issued by the Health Officer pursuant to the California Health	ugh 117450 of the Califo y using only the equipment in 2 days of such and t	ent I have listed below.	I agree to furnish
Signed:	_ Title:		Date:
Print Name:			
Clarifiers Pipeline Blockage Vessel Holding	ets /ehicle Holding Tanks	Would you like to h included in a listing to anyone who nee waste hauler?	that will be provided
Add, delete, or update vehicle information in the space below. Year Make Model Color License Plate#	Gallons		Office Use PR