



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

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www.deq.gov.mp and www.crm.gov.mp



Solid Waste Management (SWM) Program COMMERCIAL WASTE HAULER (CWH) APPLICATION FORM		BECQ USE ONLY
<p>The purpose of the Solid Waste Management Regulations is to establish the requirements and criteria for new and existing solid waste management activities and solid waste management facilities (SWMFs) including, but not limited to, municipal solid waste landfills and other landfilling operations, incineration, solid waste collection and transfer, materials processing, recycling, composting, and salvage. These requirements and criteria ensure the protection of human health and the environment. Solid Waste Regulations [SWR Part 700 § 65-80-005(a)]</p>		
TYPE OF APPLICATION	APPLICATION CHECKLIST	
<input type="checkbox"/> \$50 NEW APPLICATION Fee (per vehicle) (Cash or Check made payable to "CNMI Treasury"). Solid Waste Regulations [SWR Part 700 § 65-80-701]	<input type="checkbox"/> Copy of the Operator's Driver's License (Please ensure that the Driver's License of the Operators is not expired. Attach copies of all operators of CWH vehicles.)	<input type="checkbox"/> Copy of the Current Business License (Please ensure that the Business License is current and not expired. Attach a copy of your Business License.)
<input type="checkbox"/> \$50 RENEWAL APPLICATION Fee (per vehicle) (Cash or Check made payable to "CNMI Treasury"). Solid Waste Regulations [SWR Part 700 § 65-80-701]	<input type="checkbox"/> Copy of Insurance Card for each vehicle Solid Waste Regulations [SWR Part 700 § 65-80 705]	<input type="checkbox"/> A list of all trucks and other equipment involved in the operation. (NOTE: Indicate the information in the "Commercial Waste Hauler Information" section of the application form.)
FACILITY INFORMATION		
Facility Name		
Facility Address		
City	State	ZIP
Village		Telephone Number / Email
Owner or Operator Name & Title		
Owner or Operator Address		
City	State	ZIP
Village		Telephone Number / Email
STATEMENT		
I certify that the information provided on this form and all the attached documents are true, accurate, and complete.		
Print Name	Signature	Date

COMMERCIAL WASTE HAULER (CWH) INFORMATION

			ISSUE DATE		RENEWAL DATE	
LICENSE PLATE NUMBER	YEAR	MAKE	MODEL	BODY STYLE	COLOR	WEIGHT
VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER			ENGINE SERIAL NUMBER		CYLINDER	CAPACITY

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LOCATION OF FACILITY (PLACE WHERE VEHICLES AND/OR EQUIPMENT STORED)