

US EPA ARCHIVE DOCUMENT

Appendix D

Applications for Driver, Hauler and Vehicle Certification;
Hazardous Waste Manifest;
Notification of Regulated Waste Activity (EPA 8700-12)

MARYLAND DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway Baltimore Maryland 21224

410-631-3344 1-800-633-6101 (within Maryland) <http://www.mde.state.md.us>

APPLICATION FOR CONTROLLED HAZARDOUS SUBSTANCES DRIVER'S CERTIFICATE
As required by Environment Article 7-249, Annotated Code of Maryland

1. APPLICANT INFORMATION

a. _____
Name of applicant (First, Middle, Last)

b. _____
Applicant address (street, city, state, zip)

c. _____ d. _____ e. _____
Height Weight Date of Birth (M/D/Y)

f. _____ g. _____
Driver's License Number Class of License

h. _____ i. _____
State Issued Expiration Date

j. List all violations during the past 3 years, including dates and locations:

k. Has your driver's license ever been revoked or suspended?
Yes () No () If yes, please state date and location of each occurrence.

2. APPLICANT'S EMPLOYER.

a. _____ Telephone number
Name of certified CHS Hauler

b. _____
Hauler's mailing address (street, city, state, zip)

c. HWH _____
Hauler's certificate number EPA Identification Number

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3. COURSES COMPLETED PERTINENT TO THIS CERTIFICATION.

List all course titles, institutions conducting the courses, dates completed, and instructors' names.

4. Have you ever held a Maryland CHS driver's certificate?
Yes () No () If "Yes", complete below.

Driver's Certificate No: _____ Expiration Date: _____

I certify that all questions on this application have been answered truthfully to the best of my knowledge.

Applicant's Signature Date

Mail all completed forms, the tracking form and the required payment to:

Maryland Department of the Environment
PO Box 1417
Baltimore MD 21203-1417

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N _____
R _____
D _____

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MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway Baltimore Maryland 21224
(410) 631-3344 1-800-633-6101 (within Maryland) <http://www.mde.state.us>

DRIVER AFFIDAVIT

As part of Driver Certification, the certified hauler shall be cognizant of and ensure that all drivers engaged in the transportation of Controlled Hazardous Substances (CHS) are familiar with the following:

1. All CHS must be transported in accordance with all Department of Transportation Regulation on hazardous materials under COMAR 11.16.01 (49 CFR 172).
2. All containers of 110 gallons or less must be properly labeled with a hazardous waste label specifying the generator's name and address, description of waste, proper shipping name and accumulation start date. Each container must also be marked in accordance with applicable provisions of COMAR 11.16.01 (49 CFR 172).
3. The shipment of CHS must be accompanied by a completed manifest form provided by the (Administration) Waste Management or an approved equivalent.
4. During transportation, the hazardous waste manifest must be readily accessible in case of an accident. When the driver is at the wheel, the hazardous waste manifest must be within his reach when restrained by a seat belt, readily visible to a person entering the cab, or in a container affixed to the inside of the driver's door.
5. When the driver is not at the wheel, the hazardous waste manifest must be left on the driver's seat, or must be in a container affixed to the inside of the driver's door.
6. The vehicle driver shall compare labels and manifests to insure that the contents and quantities listed on the manifest are the same as those listed on the containers. Any discrepancies must be corrected at time of pickup. The certified driver shall deliver the entire quantity of CHS, which he has accepted from a generator or a transporter to the CHS facility designated on the manifest. Any discrepancy must be reported to the generator, certified hauler and/or the designated facility.
7. When required, all certified vehicles must be placarded with the appropriate placards according to the Department of Transportation Regulations for hazardous materials under COMAR 11.16.01 (49 CFR 172 Subpart F).
8. Transfer of the CHS from the generator to the transporter to the facility shall be conducted in an environmentally safe manner. The vehicle must be attended at all times during loading and unloading operations by competent personnel. If for any reason the vehicle operator is compelled to leave the equipment, all loading and/or unloading operations shall cease until the operator returns.
9. CHS must be transported by a certified hauler in certified vehicles operated by a driver licensed by the Waste Management Administration. Certified vehicles shall display a hazardous Waste Transporter Vehicle Certification Sticker on the driver's side of the vehicle either on the door immediately below the window or immediately forward of the door at approximately the same elevation. The sticker should not be obstructed from view and must be prominently displayed.
10. All certified drivers of CHS must be in compliance with all Federal Motor Carrier Safety Regulations as outlined in 49 CFR 391 and must be familiar with all applicable safety regulations of 49 CFR.
11. In the event of a spill or loss of the CHS to the environment, any person engaged in the transportation of CHS shall report the incident immediately (within one hour) to the Waste Management Administration by phoning (410) 974-3551. The person and vehicle involved must remain at the scene and be available until clearance to leave is given by the appropriate officials.

A copy of the Hazardous Materials-Emergency Response Procedures should be carried in the vehicle transporting CHS.

I hereby affirm that I have read and understand the above rules.

Driver's Name (Typed or Printed)

Driver's Signature/Date

Company Name

Company Officer

Retain one copy of the Affidavit for your files and send the Original to the Waste Management Administration, Hazardous Waste Program.

HAZARDOUS WASTE PROGRAM

APPLICATION FOR CERTIFICATION AS A CONTROLLED HAZARDOUS SUBSTANCES HAULER

INCOME TAX IDENTIFICATION NUMBER
<u>PRINT NUMBER HERE</u>

(PLEASE PRINT OR TYPE - ATTACH ADDITIONAL SHEETS IF NECESSARY)

1. Name of Business _____
 - a. Mailing Address _____
City _____ State _____ Zip _____
 - b. Site Address _____
City _____ State _____ Zip _____
 - c. E-mail Address _____
 - d. FAX Number _____
 - e. US DOT and/or ICC Number _____
2. Maryland Resident Agent: (requirement of all out-of-state companies)
Name _____ Telephone: _____
Address _____
City _____ State _____ Zip _____
3. EPA ID No. _____ 4. MD Hauler No. HWH _____
5. Telephone Number _____
6. Business Owner(s) _____
7. Number of vehicles involved in CHS Transportation _____
8. Is Business subject to 49 CFR 387? _____ (If yes, include a copy of MCS-90; if no, you must include a \$50,000 surety bond with application)
9. a. Check the type(s) of waste that will be transported:
Bulk Solid _____ Containerized _____
Bulk Liquid _____ Other _____
Sludge _____
- b. Check the hazard class(es) (as defined in 49 CFR Part 173) which will be transported:
1 - Explosive _____ 6 - Poison _____
2 - Flammable Gas _____
3 - Flammable _____ 7 - Radioactive _____
4 - Flammable Solid spontaneously combustible dangerous when wet _____ 8 - Corrosive _____
5 - Oxidizer _____ 9 - Miscellaneous hazardous materials _____
Other (specify) _____

- 10. Quantity (estimated) of CHS to be transported per month _____
 _____ gallons _____ curies _____ pounds/tons
- 11. Sources of CHS (include customer list) (new applicants, list types of industries that you will be targeting) _____

- 12. Destination of shipments (include facility name, address, EPA ID Number and telephone number for each site) _____

 Attach additional sheets, if necessary.
- 13. Are you certified to transport hazardous waste in any other state? _____
 If "yes", identify state, certification numbers, and years permitted.
 Attach additional sheets, if necessary. _____
- 14. Have you ever had a hazardous waste permit or certificate revoked or suspended in Maryland? _____ If yes, please explain _____
- 15. Have you ever been penalized for violation of any federal or state environmental law or regulation? _____ If yes, please explain _____
- 16. Are you in compliance with Maryland's Motor Fuel Tax regulations found in COMAR, Title 03, Subtitle 03, Chapter 04 and IFTA? _____
- 17. Complete the enclosed application(s) for each vehicle used to transport CHS.

CONDITIONS FOR ISSUANCE

As a condition of this certification, I agree to comply with the provisions of the Environment Article, Section(s) 7-249 through 7-252, Annotated Code of Maryland and COMAR 26.13 and agree to: (1) secure a bond of not less than \$50,000 according to the provisions of the regulation COMAR 26.13.04.04 for the purpose of indemnifying the State for abatement of pollution resulting from the improper transportation or spill of CHS or provide a copy of MCS-90; (2) provide a copy of the manifest supplied by the waste generator to the operator of the facility; (3) demonstrate and comply with the Department of Transportation regulations for vehicles and containers, COMAR 11.16 and 49 CFR, Parts 100-180 and 350-399 as applicable; (4) allow the Director of the Waste Management Administration and his authorized representatives upon the presentation of credentials to enter and inspect vehicles, contents of containers, and all records relating to the transportation of CHS; (5) transport CHS from a source within the State or to a facility in the State only in certified vehicles operated by a certified driver; (6) report periodically, on a form prescribed by the Program, the source, disposal destination, volume, and nature of the CHS transported; (7) pay a yearly fee for certification of \$50.00 per vehicle used for hauling CHS; and (8) not transport any low-level nuclear waste unless the receiving low-level nuclear waste facility has been notified and has indicated its capability and willingness to take the low-level nuclear waste.

I certify that the above-referenced information is correct and complete to the best of my knowledge. Additionally, I will notify the Department within 30 days of any changes in the information contained within this application.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

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HAZARDOUS WASTE PROGRAM

APPLICATION FOR CONTROLLED HAZARDOUS SUBSTANCES VEHICLE CERTIFICATION

2002 Vehicle Sticker Number (HWP OFFICE USE ONLY) - - - - -
2000 Vehicle Sticker Number (COMPANY OFFICE USE) 00 A - - - - -

(Please print or type - attach additional sheets if necessary)

1. Name of Business/Motor Carrier _____
2. Mailing Street Address: _____
 City, State, Zip: _____
3. Maryland CHS Hauler Certification Number HWH
 If pending, state date of application) _____
4. US DOT and/or ICC Number _____
5. History of Vehicle:
 Owner (As Identified on title) _____
 Is this unit leased or rented? _____

 Make _____ Company Unit No. _____
 Model _____ GVWR _____
 Year 19
 Serial No. _____
 List State of License Issued and Tag No. _____
6. Check the type(s) of waste that will be carried by the vehicle:

Bulk Solid _____	Containerized _____
Bulk Liquid _____	Other (specify) _____
Sludge _____	
7. Check the hazard class(es) (as defined in 49 CFR Part 173) which will be transported:

1 - Explosive _____	6 - Poison _____
2 - Flammable Gas _____	
3 - Flammable _____	7 - Radioactive _____
4 - Flammable Solid spontaneously combustible dangerous when wet _____	8 - Corrosive _____
5 - Oxidizer _____	9 - Miscellaneous hazardous materials _____
	Other (specify) _____
8. Type of Vehicle:

Tank Truck _____	Pick-up _____
Dump Truck _____	Box Van _____
Vacuum Truck _____	Other _____
Flat/Stake Bed _____	
Flat Bed _____	Box Trailer _____
Roll-off Dumpster _____	Dump Trailer _____
Tank Trailer _____	Other (specify) _____

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9. Is this vehicle a DOT-Specification or DOT-Exempt package? _____
 If yes, you must list specification number or exemption number.

10. Does this unit meet the testing and inspection requirements for bulk packages under the hazardous materials regulations 49 CFR Parts 171-180 or exemption? _____

If yes, list applicable test and inspection dates.

V _____ K _____

I _____ P _____

11. What is the total container capacity (gal., lbs., or kg.)? _____

12. How many compartments? _____

13. Does this vehicle meet all applicable requirements as stated in 49 CFR, Part 393, Parts and Accessories necessary for safe operation?

List the safety equipment in the vehicle. _____

14. Identify the type(s) of containers as listed in 49 CFR Part 173 and/or Part 178 that will be used to transport CHS. List DOT specification number if applicable. _____

15. Does this vehicle comply with the standards for safe operation as specified in 49 CFR, Part 396 Inspection, Repair and Maintenance Requirements? _____

As a condition for issuance of this certification, I agree to comply with the provisions of the Environment Article, Sections 7-249 through 7-252, Annotated Code of Maryland and COMAR 26.13 and 11.16; 49 CFR, Parts 100-180 and 350-399 as applicable.

I certify that the above information is correct and complete to the best of my knowledge. Additionally, I will notify the State within 30 days of any changes in the information contained within this application.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____

THE FEE FOR VEHICLE CERTIFICATION IS \$50.00 PER VEHICLE PER 12-MONTH PERIOD USED TO TRANSPORT CHS (THE FEE IS PRORATED FOR THIS RENEWAL: \$4.00 ADDITIONAL FOR EACH MONTH IN EXCESS OF THE 12 MONTHS); CHECKS SHALL BE MADE PAYABLE TO:

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 PO BOX 1417
 BALTIMORE, MD 21203

MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway Baltimore, Maryland 21224
(410) 631-3344 1-800-633-6101 (within Maryland) http://www.mde.state.md.us
HAZARDOUS WASTE PROGRAM
HAZARDOUS WASTE MANIFEST

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.	2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address					A. State Manifest Document Number MDC 0904771							
					B. State Generator's ID							
4. Generator's Phone ()					C. State Transporter's ID							
5. Transporter 1 Company Name		6. US EPA ID Number		HWH		DC						
7. Transporter 2 Company Name					D. Transporter's Phone							
					E. State Transporter's ID							
9. Designated Facility Name and Site Address		10. US EPA ID Number		F. Transporter's Phone		G. State Facility ID						
				H. Facility's Phone								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers		13. Total		14. Unit	1. Waste No.		
					No.		Type		Quantity		Wt/Vol	
					a.							
					b.							
					c.							
J. Additional Descriptions for Materials Listed Above					K. Handling Codes for Wastes Listed Above							
					Haz. Code		Physical State		Specific Gravity		Percentage	
a.		c.		a.		c.						
b.		d.		b.		d.						
15. Special Handling Instructions and Additional Information												
16. GENERATORS CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Maryland Statutes or Regulation.												
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.												
Printed/Typed Name				Signature				Month	Day	Year		
17. Transporter 1 Acknowledgement of Receipt of Materials					Date							
Printed/Typed Name				Signature				Month	Day			
18. Transporter 2 Acknowledgement of Receipt of Materials					Date							
Printed/Typed Name				Signature				Month	Day			
19. Discrepancy Indication Space												
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.												
Printed/Typed Name				Signature				Date				
								Month	Day			

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GENERATOR

TRANSPORTER

FACILITY

MDC 0904771

NOTE: COPIES 2-8 (carbon copies) ARE COMPLETED AT THE SAME TIME AS COPY 1. They are distributed as follows:

COPY 2 – Destination facility detaches and returns to generator state;

COPY 3 – Destination facility detaches and returns to generator

COPY 4 – Destination facility detaches and retains

COPY 5 – Transporter detaches and retains

COPY 6 – Generator detaches and mails to disposer state

COPY 7 – Generator detaches and mails to generator state

COPY 8 – Generator detaches and retains

NOTE: COPIES 2-8 (carbon copies) ARE COMPLETED AT THE SAME TIME AS COPY 1. They are distributed as follows:

COPY 2 – Destination facility detaches and returns to generator state;

COPY 3 – Destination facility detaches and returns to generator

COPY 4 – Destination facility detaches and retains

COPY 5 – Transporter detaches and retains

COPY 6 – Generator detaches and mails to disposer state

COPY 7 – Generator detaches and mails to generator state

COPY 8 – Generator detaches and retains

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-07

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3012 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)													
<input type="checkbox"/> A. Initial Notification				<input type="checkbox"/> B. Subsequent Notification (Complete Item C)				C. Installation's EPA ID Number					
II. Name of Installation (Include company and specific site name)													
III. Location of Installation (Physical address not P.O. Box or Route Number)													
Street													
Street (Continued)													
City or Town						State		Zip Code					
County Code		County Name											
IV. Installation Mailing Address (See instructions)													
Street or P.O. Box													
City or Town						State		Zip Code					
V. Installation Contact (Person to be contacted regarding waste activities at site)													
Name (Last)						Name (First)							
Job Title						Phone Number (Area Code and Number)							
VI. Installation Contact Address (See instructions)													
A. Contact Address Location				B. Street or P.O. Box									
City or Town						State		Zip Code					
VII. Ownership (See instructions)													
A. Name of Installation's Legal Owner													
Street, P.O. Box, or Route Number													
City or Town						State		Zip Code					
Phone Number (Area Code and Number)						B. Land Type		C. Owner Type		D. Change of Owner Indicator		Date Changed	
						Yes		No		Month		Day	

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VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes. Refer to Instructions)

<p>A. Hazardous Waste Activities</p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Made in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p>C. Used Oil Management Activities</p> <p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p>B. Universal Waste Activity</p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark X in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

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IX. Description of Hazardous Wastes (Continued) Additional Sheet

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24. Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
11	12	13	14	15	16
17	18	19	20	21	22

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NOTE: Instructions for the Notification of Regulated Waste Activity form (EPA form EPA 8700-12) may be found at the following web address:

<http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>