

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

1800 Washington Blvd. Baltimore Maryland 21230

410-537-3344 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. Height d. Weight e. Date of Birth (M/D/Y)

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

h. State Issued i. 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k. Has your driver's license ever been revoked or suspended?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. Name of certified CHS Hauler Telephone number

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

c. HWH Hauler's certificate number EPA Identification Number



3. COURSES COMPLETED PERTINENT TO THIS CERTIFICATION.

List all course titles, institutions conducting the courses, dates completed, and Maryland-approved 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

FOR OFFICE USE ONLY

N _____
R _____
D _____

MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Boulevard Baltimore Maryland 21230-1719
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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.



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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. _____
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 - Explosives _____ 6 - Poisons _____
2 - Compressed Gases _____ 7 - Radioactive _____
3 - Flammable liquids _____ 8 - Corrosives _____
4 - Flammable Solids/Spontaneously Combustible/Dangerous When Wet _____ 9 - Miscellaneous Hazardous Materials _____
5 - Oxidizer/Organic Peroxides _____ 10 - Combustible Liquids _____
11- Other (Specify) _____

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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 11.21; 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

2004/2005 Vehicle Sticker No. (HWP OFFICE USE ONLY) 00 _ _ _ _ _
2003/2004 Vehicle Sticker No. (COMPANY OFFICE USE) 00 _ _ _ _ _

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

- Name of Business/Motor Carrier _____
- Mailing Street Address: _____
 City, State, Zip: _____
- Maryland CHS Hauler Certification Number HWH
 If pending, state date of application) _____
- US DOT and/or ICC Number _____
- History of Vehicle:
 Owner (As Identified on title) _____
 Is this unit leased or rented? _____
 Make _____ Company Unit No. _____
 Model _____ GVWR _____
 Year _____
 Serial No. _____
 List State of License Issued and Tag No. _____
- Check the type(s) of waste that will be carried by the vehicle:
 Bulk Solid _____ Containerized _____
 Bulk Liquid _____ Other (specify) _____
 Sludge _____
- Check the hazard class(es) (as defined in 49 CFR Part 173) which will be transported:
 1 - Explosive _____ 6 - Poison _____
 2 - Flammable Gas _____ 7 - Radioactive _____
 3 - Flammable _____ 8 - Corrosive _____
 4 - Flammable Solid spontaneously 9 - Miscellaneous hazardous
 combustible dangerous when materials _____
 wet _____ Other (specify) _____
 5 - Oxidizer _____
- 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. CHECKS SHALL BE MADE PAYABLE TO:

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



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd. Suite 650 Baltimore Maryland 21230-1719
(410) 537-3344 1-800-633-6101 (within Maryland) <http://www.mde.state.md.us>

HAZARDOUS WASTE PROGRAM HAZARDOUS WASTE MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039.

In case of an emergency or spill, immediately call the National Response Center at (800) 8802 and the MDE at (410) 537-3400. Nights and Holidays at (866) 633-6336.

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 1040580		
4. Generator's Phone ()				B. State Generator's ID		
5. Transporter 1 Company Name	6. US EPA ID Number		C. State Transporter's ID HWH [] [] [] [] [] [] DC [] []			
7. Transporter 2 Company Name	8. US EPA ID Number		D. Transporter's Phone			
9. Designated Facility Name and Site Address			10. US EPA ID Number		E. State Transporter's ID HWH [] [] [] [] [] [] DC [] []	
					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)						I. Waste No.
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above
Haz. Code	Physical State	Specific Gravity	Percentage	Haz. Code	Physical State	Specific Gravity
a. [] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	c. [] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
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					Date	
					Month Day	

MDC 1040580

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

RCRA Subtitle C Site Identification Form

Read all instructions before completing the form.

9. Legal Owner (Continued) Address	Street or P. O. Box:	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

<p>Y <input type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> 6. Underground Injection Control</p>
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B. Universal Waste Activities

Y N 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y N 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y N 1. Used Oil Transporter
If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

a. Processor

b. Re-refiner

Y N 3. Off-Specification Used Oil Burner

Y N 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

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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>