

**Attachment A**

To: Delaware Solid Waste Authority  
1128 S. Bradford Street  
Dover, DE 19904

I hereby apply for a Solid Waste Collectors License for the period of July1, 20\_\_ through June 30, 20\_\_ in accordance with the Regulations of the Delaware Solid Waste Authority. Accordingly, the following is submitted: *Note: This application will not be processed unless all requested information is provided and deemed complete, including;*

1. *Proof of insurance as required by section 3.04;*
2. *Minimum Bond or Surety, as required by Section 3.10; and,*
3. *A copy of your Delaware Business License.*

1. Applicant: (Individual or Firm Name) \_\_\_\_\_

2. Doing business as: (name to appear on License) \_\_\_\_\_

3. Business Office Information: (one phone number must be a Delaware number)

**OFFICE A:**

\_\_\_\_\_  
*Street* *Area code - Phone number*

\_\_\_\_\_  
*City* *State* *Zip Code*

\_\_\_\_\_  
*Name of Individual having administrative responsibility at this location*

**OFFICE B:**

\_\_\_\_\_  
*Street* *Area code - Phone number*

\_\_\_\_\_  
*City* *State* *Zip Code*

\_\_\_\_\_  
*Name of Individual having administrative responsibility at this location*

4. Answering service if applicable:

\_\_\_\_\_  
*Name of service*

\_\_\_\_\_  
*Street* *Area code - Phone number*

\_\_\_\_\_  
*City* *State* *Zip Code*

Name of Individual having administrative responsibility at this location

5. Registered Agents or Authorized Representatives:

A:

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*Name*

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*Street* *Area code - Phone number*

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*City* *State* *Zip Code*

B:

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*Name*

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*Street* *Area code - Phone number*

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*City* *State* *Zip Code*

6. Type of business:  Sole Proprietorship  Partnership  Municipality  Corporation\*  
*\* If Non-Delaware Corporation, provide proof of Delaware Registration*

7. Date business was established: \_\_\_\_\_

8. Delaware Business License number: *(contact Division of Revenue)* \_\_\_\_\_

9. DNREC Transporter Permit number: \_\_\_\_\_

10. Federal Taxpayer Identification number: \_\_\_\_\_

11. Owners or partners in unincorporated business. Indicate percentage of ownership:

A:

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*Name* *Percentage*

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*Street* *City* *State* *Zip Code*

B:

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*Name* *Percentage*

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*Street* *City* *State* *Zip Code*

C:

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Name Percentage

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Street City State Zip Code

12. Officers, Directors, Shareholders holding in excess of 10% of issued Stock in incorporated business:

**A:** 

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Name Percentage

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Street City State Zip Code

**B:** 

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Name Percentage

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Street City State Zip Code

**C:** 

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Name Percentage

13. Indicate if any partnership or corporation other than applicant has any interest, direct or indirect, in the License applied for, or in the business conducted under such License. (If so, state names, addresses, and interest of the partnerships, corporations, and principals involved, indicating the nature and extent of the interest.)

Not applicable     Applicable, provide details:

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14. Indicate if any individual, partnership or corporation other than applicant receives or will receive (by way of rent, salary, or otherwise) all or any portion of percentage of the gross or net profits or income derived from business conducted under License applied for:

Not applicable     Applicable, provide details:

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15. Indicate if your company or parent company has ever been convicted of civil or criminal offences concerning waste transporting, processing, or disposal.

- No                       Yes (Provide details: Use the back of this sheet or separate sheet if necessary)

16. Indicate if the applicant, any person mentioned in this application, or any person having a beneficial interest in the application has ever been denied a License to collect solid waste.

- Not applicable     Applicable, provide details:

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17. State general area served by applicant:

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18. Indicate days of the week collections are made:

- Mon             Tue             Wed             Thu             Fri             Sat             Sun

19. Daily average weight of Household solid waste collected: \_\_\_\_\_ Tons

20. Daily average weight of Municipal solid waste collected: \_\_\_\_\_ Tons

21. Daily average weight of Commercial/Industrial solid waste collected: \_\_\_\_\_ Tons

22. Other solid waste collected: \_\_\_\_\_ Tons.

23. Indicate location(s) where solid waste is being or will be delivered:

Type of Waste	Location Delivered

24. Statement of experience in solid waste collection, transportation, and/or disposal:

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25. Consent to inspections:

The applicant hereby agrees and consents to the inspection at any time or place, by any employee of the Delaware Solid Waste Authority who presents identification of his/her status as an employee of DSWA, of any vehicle owned or operated on behalf of the applicant which displays a License Sticker issued by DSWA. Unless otherwise prohibited by law, the applicant also hereby agrees and consents to the inspection, by any employee of DSWA, of any container used for the deposit of any material which the applicant may transport with a vehicle which displays a License Sticker issued by DSWA.

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT AND THAT I HAVE READ AND AM FAMILIAR WITH THE REQUIREMENTS OF THE REGULATIONS OF THE DELAWARE SOLID WASTE AUTHORITY.**

**I SPECIFICALLY UNDERSTAND AND AGREE TO BE BOUND BY SECTION 4.01, IF APPLICABLE, WHICH REQUIRES CONTRACTORS WHO COLLECT OR HAUL SOLID WASTE PURSUANT TO A CONTRACT WITH A MUNICIPALITY (INCLUDING TOWNS, CITIES, COUNTIES, STATE AGENCIES, ETC.) TO DELIVER SUCH SOLID WASTE TO A DSWA FACILITY.**

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Date	Signature of Applicant	Title
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Printed or typed name of Applicant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_, who under oath certifies that the information provided in this application is true and correct.

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Date

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Notary Public

17 DE Reg. 313 (09/01/13)