



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE GOVERNOR
ENVIRONMENTAL QUALITY BOARD
HAZARDOUS WASTE DIVISION

Rev. 4-04 EQB Form HW-1

APPLICATION FOR HAZARDOUS WASTE TRANSPORTATION SERVICES

I. GENERAL INFORMATION

NAME OF THE COMPANY

USEPA ID NUMBER

NAME OF OWNER OR ADMINISTRATOR

PHYSICAL ADDRESS

POSTAL ADDRESS

TELEPHONE NUMBER

II. TYPE OF VEHICLES AND EQUIPMENT

VEHICLE	CAPACITY	MODEL/YEAR	LICENSE PLATE NO.

Note: For additional vehicles, industries, final disposal facilities and/or information, attach a supplement sheet and check here ()

III. INDUSTRIES, PLACES OR COMMUNITIES SERVED

NAME/ADDRESS	TYPE OF WASTE	QUANTITY	FREQUENCY	PLACE AND METHOD OF DISPOSAL

IV. LOCAL OF THE FINAL DISPOSAL FACILITIES OF RECEIVING STATION

NAME

-

USEPA ID NUMBER

PHYSICAL ADDRESS

POSTAL ADDRESS

TELEPHONE

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted with this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including of fine and imprisonment.



COMMONWEALTH OF PUERTO RICO
 OFFICE OF THE GOVERNOR
 ENVIRONMENTAL QUALITY BOARD
 HAZARDOUS WASTE DIVISION

Signature of Applicant (Owner)
 Date

EQB Form HW-1
 Rev. 4-04

PART A.
TRANSPORTER

FEE FORM FOR HAZARDOUS WASTE

Date

Name of Applicant _____

Title _____

Name of Project or Company _____

Postal Address _____

Fee Description	Fee \$	\$
Filling Fee	25.00	25.00
Permit Fee	750.00	
Renewal Fee (65% of permit fee)	487.50	
Permit Modification (1/8 of permit fee)	93.75	
Transfer of Ownership or change of location fee (50% permit fee)	375.00	
Duplicate Permits or Approval	30.00	
Renewal must be 60 days before expiration date, if not there will be charges of 50% of the renewal fee per day	243.75/d ay	
Total		

FOR EQB USE

PART B LAND POLLUTION CONTROL AREA

Permit fee form revised by: _____
 employee of the Hazardous Waste Division on
 _____, 200__.

PART C FINANCE DIVISION

Received by Official Finance Department Collector:

Date: _____

Amount Paid: _____

Check Number/Money Order: _____

Receipt Number:

NACIONAL PLAZA BUILDING #431/ PONCE DE LEON AVE. /HATO REY, P.R. 00917
PO BOX 11488/SAN JUAN, P.R. 00910/TELEPHONE (787) 767-8181