



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805) 781-4211
Email: ehs@co.slo.ca.us

SOLID WASTE HAULER VEHICLE
PERMIT APPLICATION

San Luis Obispo County Code §8.12.502 requires any business that collects or hauls solid waste or recyclable materials must complete this registration form.

San Luis Obispo County Code §8.12.501 states that no person shall engage in the collection,, hauling, or disposing of solid waste or recyclable materials without first having obtained a permit in writing from the County Health Department.

BUSINESS INFORMATION

Form containing fields for BUSINESS NAME (DBA), BUSINESS SITE ADDRESS, OWNER NAME, BUSINESS TELEPHONE NUMBER, BILLING ADDRESS, ADDRESSEE NAME, BILLING TELEPHONE NUMBER, CELL PHONE NUMBER, and BUSINESS TYPE (CHECK BELOW) with checkboxes for SOLID WASTE COLLECTION VEHICLE, RECYCLABLE MATERIALS, ROLL OFF VEHICLE, and OTHER.

VEHICLE INFORMATION

LIST ALL VEHICLES THAT WILL BE USED IN TRANSPORTING SOLID WASTE OR RECYCLABLE MATERIALS AND INDICATE THE TYPE OF WASTES THAT WILL BE TRANSPORTED. ATTACH ADDITIONAL PAGES IF NECESSARY.

Table with 5 columns: MAKE, COMPANY TRUCK NUMBER, LICENSE, LAST 6 DIGITS OF VIN NUMBER, WASTE TYPE. Rows are numbered 1) through 5).

MAKE	COMPANY TRUCK NUMBER	LICENSE	LAST 6 DIGITS OF VIN NUMBER	WASTE TYPE
6)				
7)				
8)				
9)				
10)				

DISPOSAL SITE INFORMATION

PLEASE LIST ALL INTENDED DISPOSAL SITE(S), AND INDICATE THE TYPE OF WASTE THAT WILL BE DISPOSED OF AT EACH SITE.

SITE NAME	LOCATION	WASTE TYPE(S)

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY			
DATE RECEIVED _____	RECEIVED BY _____	ASSIGNED TO _____	ENTERED BY _____ ENTERED DATE _____
PE# _____	AMOUNT DUE _____	AMOUNT PAID _____	CHECK OR CC AUTH # _____ CASH <input type="checkbox"/>
<input type="checkbox"/> NONPROFIT: TAX ID # _____	<input type="checkbox"/> VETERAN EXEMPT	DD214 ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO
PR# _____	SR# _____	FA# _____	INVOICE NUMBER _____
INSPECTOR APPROVED _____			DATE _____