



Public Works and Environmental Services Department
ENVIRONMENTAL PERMITTING DIVISION

1 North University Drive, Mailbox 201, Plantation, Florida 33324 • 954-519-1483 • FAX 954-519-1412

Waste Transporter License Application

The application fees are discussed in #1 below. Please make your check payable to BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and submit with your application. Please note that eCredit payment is now available upon request.

The license operating fee is based on usage. Your monthly usage report and fees are due by the 15th of each month for the prior month usage.

1. Purpose of Application (check one)

- ☐ New License: **\$100**
☐ Renewal: **\$50** (to be waived if no violations occurred in the preceding license year)
☐ Modification: **\$50** specify changes: _____

2. Business Information

Complete the below information. Note: you **MUST** be registered under the State of Florida Division of Corporations to be issued a Waste Transporter License.

Name of Business _____
Address _____
City _____ State _____ Zip _____
Mailing Address (if different from above) _____
City _____ State _____ Zip _____
Name of Contact _____ Title _____
Telephone _____ Email _____

3. Waste Types Hauled (check all that apply)

- | | |
|--|---|
| ☐ Septic | ☐ Used Oil |
| ☐ Sewage from Portable Toilets | ☐ RCRA Hazardous Waste |
| ☐ Dry Sludge | ☐ Nonhazardous Industrial Waste (Liquid) |
| ☐ Grease Trap | ☐ Nonhazardous Industrial Waste (Solid) |
| ☐ Sewage from Lift Stations | ☐ Photochemical Waste |
| ☐ Storm & Sanitary Sewer Debris | ☐ Contaminated Soils |
| ☐ Biomedical Waste | |
| ☐ Other, please specify: _____ | |



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4. Required Documents

All waste types require additional documentation. Required documents are listed by the waste types in #3 above.

Waste Type	Required Documents (must be current)
Septic	1. Septage Disposal Service (SDS) Operating Permit issued by the Florida Department of Health 2. Vehicle inspection(s) with Satisfactory Outcome issued by the Florida Department of Health
Sewage from Portable Toilets	1. Temporary Tank Service (TTS) Operating Permit issued by the Florida Department of Health 2. Vehicle inspection(s) with Satisfactory Outcome issued by the Florida Department of Health
Used Oil	1. Used Oil Transporter Registration issued by the Florida Department of Environmental Protection 2. DOT-required annual mechanical vehicle inspection(s) with Satisfactory Outcome
RCRA Hazardous Waste	1. Hazardous Waste Transporter Certificate of Approval issued by the Florida Department of Environmental Protection. 2. DOT-required annual mechanical vehicle inspection(s) with Satisfactory Outcome
Biomedical Waste	1. Biomedical Waste Transporter Registration issued by the Florida Department of Health 2. Vehicle inspection(s) issued by the Florida Department of Health with Satisfactory Outcome
All other listed wastes	1. DOT-required annual mechanical vehicle inspection(s) with Satisfactory Outcome

5. Addresses Where Vehicles Are Stored

List all addresses where vehicles are stored. Attach additional sheets if necessary.

Address	_____	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Address	_____	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Address	_____	_____	_____	_____
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>



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6. Destination Site

Complete the below for any destination site that waste material will be transporting to. Attach additional sheets if necessary.

Destination (location material is hauled to)	Waste Type Hauled
Name _____ Address _____ City _____ State _____ Telephone _____ Check facility type: ☐ Transfer ☐ Storage ☐ Disposal ☐ Recycling	
Name _____ Address _____ City _____ State _____ Telephone _____ Check facility type: ☐ Transfer ☐ Storage ☐ Disposal ☐ Recycling	
Name _____ Address _____ City _____ State _____ Telephone _____ Check facility type: ☐ Transfer ☐ Storage ☐ Disposal ☐ Recycling	

7. Vehicle Description

List all vehicles to be included under the Broward County Environmental Permitting Division (EPD) Waste Transporter License. Attach additional sheets if necessary.

Vehicle License Plate #	License Plate State	Vehicle Capacity (gal or lbs)	Type of Vehicle	EPD Decal #, if applicable



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8. Certification by Applicant

I, the owner/authorized representative of _____
(business name)

am aware that statements made in this form and attached exhibits are an application for a license from the Broward County Public Works and Environmental Services Department and certify that the information in this application is true, correct, and complete to the best of my knowledge and belief. Further, I, the undersigned, agree to comply with all the rules and regulations of Broward County. It is understood that the license is not transferable and, if granted, the County will be notified prior to the sale of legal transfer of this licensed establishment.

Signature of Owner or *Authorized Agent

Name and Title (print)

*Attach letter of authorization if not an officer of the company as listed on the State of Florida Division of Corporations. Letter of authorization must be signed by a listed officer.