Northeast Arkansas Regional Solid Waste Management District

PO Box 753
Paragould, AR 72451
Phone: (870) 239-5572

APPLICATION FOR SOLID WASTER HAULER'S LICENSE

NOTE: $20 per truck annual fee is required for each vehicle hauling waste in our district regardless of whether the vehicle delivers to the landfill or to a transfer station.

All waste collected in Greene, Clay, Lawrence, and Randolph Counties must be destined for final disposal at the districts landfill (unless approved by the District to leave the District on a case-by-case basis) at 1810 Greene 890 Road, Paragould, Arkansas. Waste can be taken to a transfer station in the district but must be buried in the districts landfill.

Rules and Regulations for haulers can be found on our website www.nealandfill.com.

Hauling Business Name: _____

Email Address: _____

Street Address: _____

Mailing Address: _____

Business Phone #: _____

Owner Name: _____

Owner Phone #: _____

The undersigned has read and understands the Northeast Arkansas Regional Solid Waste Management District's Regulation for Licensing Solid Waste Haulers, and the regulations pertaining to the collection and transportation of solid waste contained in the Arkansas Solid Waste Management Code, Chapter 2, Section22, and agrees to abide by all applicable Federal, State, and Local laws. The undersigned is responsible for ensuring that the training has been completed for all licensed drivers hauling solid waste for the company listed and in the district.

Applicant Signature: _____ Date: _____

Official Use Only	Yes	No
Application Complete	( )	( )
Leak Proof as Practical	( )	( )
Enclosed, Covered, and Secured (Check daily)	( )	( )
Sanitary Condition	( )	( )
Drivers Listed	( )	( )
Insurance Attached	( )	( )
Trailer licensed	( )	( )

Do a random check once a month on the scales.

Decal # issued_____

# of Licenses_____

Amount Paid_____

Payment Type_____

Notes_____

_____

Hauling Business Name:_____

Description of Vehicles (print this page again if more vehicles need listed)

1. _____ _____
   Vehicle ID # (must be on vehicle) ***Name of Owner of Vehicle***

   _____ _____
   Make ***Model*** ***Year***

   _____ _____
   License Plate # ***Cubic Yard Capacity (only if using this to haul)***

2. _____ _____
   Vehicle ID # (must be on vehicle) ***Name of Owner of Vehicle***

   _____ _____
   Make ***Model*** ***Year***

   _____ _____
   License Plate # ***Cubic Yard Capacity (only if using this to haul)***

3. _____ _____
   Vehicle ID # (must be on vehicle) ***Name of Owner of Vehicle***

   _____ _____
   Make ***Model*** ***Year***

   _____ _____
   License Plate # ***Cubic Yard Capacity (only if using this to haul)***

4. _____ _____
   Vehicle ID # (must be on vehicle) ***Name of Owner of Vehicle***

   _____ _____
   Make ***Model*** ***Year***

   _____ _____
   License Plate # ***Cubic Yard Capacity (only if using this to haul)***

All containers must be numbered to allow tare weights to be stored for each combination.

Hauling Business Name:_____

Description of Containers/trailers (print this page again if more containers need listed)

1. _____

Container/trailer ID # (must be on trailer/container drivers' side 2" size or bigger)

_____

Make ***Model*** ***Year***

_____

License Plate # (Must be licensed) ***Cubic Yard Capacity (must specify)***

2. _____

Container/trailer ID # (must be on trailer/container drivers' side 2" size or bigger)

_____

Make ***Model*** ***Year***

_____

License Plate # (Must be licensed) ***Cubic Yard Capacity (must specify)***

3. _____

Container/trailer ID # (must be on trailer/container drivers' side 2" size or bigger)

_____

Make ***Model*** ***Year***

_____

License Plate # (Must be licensed) ***Cubic Yard Capacity (must specify)***

4. _____

Container/trailer ID # (must be on trailer/container drivers' side 2" size or bigger)

_____

Make ***Model*** ***Year***

_____

License Plate # (Must be licensed) ***Cubic Yard Capacity (must specify)***

All containers must be numbered to allow tare weights to be stored for each combination.

Authorized Drivers (print this page again if more drivers need listed)
These are the only drivers that can bring under your Business name

1. **Name**: _____

   Address: _____

   _____

   Driver's License #: _____ **Expiration Date**: _____

2. **Name**: _____

   Address: _____

   _____

   Driver's License #: _____ **Expiration Date**: _____

3. **Name**: _____

   Address: _____

   _____

   Driver's License #: _____ **Expiration Date**: _____

4. **Name**: _____

   Address: _____

   _____

   Driver's License #: _____ **Expiration Date**: _____

5. **Name**: _____

   Address: _____

   _____

   Driver's License #: _____ **Expiration Date**: _____

Hauling Business Name:_____

Nature of Wastes and Size of Loads

A. Household Solid Waste: (*all side & rear load trucks)

1. Number of households served: _____
2. Average number of tons hauled per load: _____
3. Average number of loads hauled per month: _____
4. Incorporated towns and/or communities in NEARSWMD served by your company
   Towns/Community number of clients:

   Clay ☐ Greene ☐ Lawrence ☐ Randolph ☐ Missouri ☐

B. Commercial/Industrial Solid Waste: (*all roll-off trucks)

1. Number of businesses/industries served: _____
2. Average number of tons hauled per load: _____
3. Average number of loads hauled per month: _____
4. List all businesses and industries you serve: BELOW on the lines at the end of the page
5. All boxes must be clearly marked on both sides of the box with box id number

   Clay ☐ Greene ☐ Lawrence ☐ Randolph ☐ Missouri ☐

C. Containers/Trailer Solid Waste: (*all Containers/Trailers, if not listed prior)

1. Number of businesses/industries/customers served: _____
2. Average number of tons hauled per load: _____
3. Average number of loads hauled per month: _____
4. List all businesses and industries you serve, if you haul for a certain contractor: BELOW
5. All boxes must be clearly marked on both sides of the box with box id number

   Clay ☐ Greene ☐ Lawrence ☐ Randolph ☐ Missouri ☐

D. Contractors/Rental Property

1. Number of customers/property served:
2. Average number of tons hauled per load:
3. Average number of loads hauled per month:
4. List all properties and customers you serve: BELOW on the lines at the end of the page
5. All Trailers/boxes must be clearly marked on both sides of the box with box id number

Clay ☐ Greene ☐ Lawrence ☐ Randolph ☐ Missouri ☐

	Business Name serviced	**Average # of tons per month**	**Type of waste (office, process, construction debris, shingles, etc.)**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Write on the back if you run out of room or print off a list.