APPLICATION FOR LIQUID WASTE HAULER REGISTRATION

OC Health Care Agency, Environmental Health
Visit our website: www.ochealthinfo.com/eh/water/waste
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705-5611
Telephone: (714) 433-6288 - FAX: (714) 433-6481

Name of Business (DBA): _____ Business Class: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Legal Owners: _____ Business Phone: _____

Owner Home Address: _____ City: _____ Zip Code: _____

Co-owner Home Address: _____ City: _____ Zip Code _____

E-Mail Address: _____

Where do vou offload collected wastes? _____

I hereby make application in conformance with Section 117400 through 117450 of the California Health and Safety Code to carry on or engage in the business of a liquid waste hauler within Orange County using only the equipment I have listed below. I agree to furnish you with any change to the information listed on this application within 2 days of such and to comply with all conditions, orders and directions issued by the Health Officer pursuant to the California Health and Safety Code.

Signed: _____ Title: _____ Date: _____
(owner, authorized corporate officer or managing partner)

Print Name: _____ Drivers Licence or Tax ID Number: _____

Indicate which facilties you will service within Orange County:

- ☐ Grease Interceptors
- ☐ Grease Traps
- ☐ Clarifiers
- ☐ Septic Tanks
- ☐ Seepage Pits
- ☐ Pipeline Blockage
- ☐ Chemical Toilets
- ☐ Recreational Vehicle Holding Tanks
- ☐ Vessel Holding Tanks

Would you like to have your business included in a listing that will be provided to anyone who needs to hire a liquid waste hauler?

☐ YES ☐ No

Add, delete, or update vehicle information in the space below.

Office Use Only

Year	Make	Model	Color	License Plate#	Gallons	Date	PR#	LWH#