



Registration Application
Used Oil Transporter and Transfer Facility

EPA ID#: _____

Check all that apply:

Transporter Transfer Facility

Name of Company (Include company specific site name)

Location of Company (Physical address not P.O. Box or Route #)

Street:
City: State: Zip Code:
County:

Company's Mailing Address:

Street:
City: State: Zip Code:

Company's Contact Person (Person to be contacted regarding waste activities)

Last: First:
Title: Phone:
Street: City: State: Zip Code:
Email:

Number of Employees Handling Used Oil: Have all been properly trained? Yes No

Telephone Number:

Fax Number:

Employee Training Program required by R. 61-107.279.E.43(d) (Training Program Manual must be submitted to Department - see Instruction Packet) Is Training Program Manual Included in submittal? Yes No

Please Attach Certificate of Insurance and a copy of the policy to registration.

I hereby certify (or declare) that all information submitted in conjunction with this Registration is true to the best of my knowledge and that I am authorized to sign official documents for the applicant.

Signature: Date:

Print Name: Title:

Submit the original to: SCDHEC L&WM - Compliance and Enforcement 2600 Bull Street Columbia, SC 29201