

**APPLICATION FOR CONTROLLED HAZARDOUS SUBSTANCES VEHICLE CERTIFICATION**

Vehicle Sticker Number (Hazardous Waste Program Office Use Only)  0 0 _ _ _ _ _ _
Vehicle Sticker Number (Company Office Use Only)  0 0 _ _ _ _ _ _

**(Please print legibly or type – attach additional sheets, if necessary)**

1. Name of Business/Motor Carrier \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Maryland CHS Hauler Certification Number: HWH \_\_\_\_\_  
If pending, state the date of the application: \_\_\_\_\_
4. US DOT and/or ICC Number \_\_\_\_\_
5. History of Vehicle:
  - a. Owner (as identified on title): \_\_\_\_\_
  - b. Is this unit leased or rented? \_\_\_\_\_
  - c. Make \_\_\_\_\_
  - d. Model \_\_\_\_\_
  - e. Year \_\_\_\_\_
  - f. Serial Number \_\_\_\_\_
  - g. List state issuing license and tag number \_\_\_\_\_
6. Check the type(s) of waste that will be carried by the vehicle:  
Bulk Solid \_\_\_\_\_ Containerized \_\_\_\_\_  
Bulk Liquid \_\_\_\_\_ Other (specify) \_\_\_\_\_  
Sludge \_\_\_\_\_
7. Check the hazard class(es) (as defined in 49 CFR Part 173) that will be transported:
  - 1 – Explosive \_\_\_\_\_
  - 2 – Compressed Gases \_\_\_\_\_
  - 3 – Flammable/Combustible Liquids \_\_\_\_\_
  - 4 – Flammable Solid/Spontaneously Combustible  
Dangerous When Wet \_\_\_\_\_
  - 5 – Oxidizer \_\_\_\_\_
  - 6 – Poison \_\_\_\_\_
  - 7 – Radioactive \_\_\_\_\_
  - 8 – Corrosive \_\_\_\_\_
  - 9 – Miscellaneous Hazardous Materials \_\_\_\_\_
  - Other (specify) \_\_\_\_\_

8. Type of Vehicle:  
 Tank Truck \_\_\_\_\_ Pick-Up \_\_\_\_\_ Dump Truck \_\_\_\_\_  
 Box Van \_\_\_\_\_ Vacuum Truck \_\_\_\_\_ Flat Bed/Stake Trailer \_\_\_\_\_  
 Box Trailer \_\_\_\_\_ Roll-off Dumpster \_\_\_\_\_ Dump Trailer \_\_\_\_\_  
 Tank Trailer \_\_\_\_\_ Other (specify) \_\_\_\_\_

9. Is this vehicle a Department of Transportation (DOT) specification or DOT exempt package? \_\_\_\_\_  
 If yes, please list specification number or exemption number: \_\_\_\_\_

10. Does this unit meet the testing and inspection requirements for bulk packages under the hazardous materials regulations 49 CFR Parts 171 - 180 or exemption? \_\_\_\_\_

If yes, list applicable test and inspection dates:

V \_\_\_\_\_ K \_\_\_\_\_  
 I \_\_\_\_\_ P \_\_\_\_\_

11. What is the total container capacity (please indicate units, e.g. Gallons, pounds, or kilograms)?  
 \_\_\_\_\_

12. How many compartments? \_\_\_\_\_

13. Does this vehicle meet all applicable requirements as stated in 49 CFR Part 393, Parts and Accessories necessary for safe operation? \_\_\_\_\_

Is vehicle equipped with Spill Control Kit? \_\_\_\_\_

14. Identify the type(s) of containers, as listed in 49 CFR Part 173 and/or 178 that will be used to transport CHS. List DOT specification numbers if applicable. \_\_\_\_\_

15. Does this vehicle comply with the standards for safe operation as specified in 49 CFR Part 396, Inspection, Repair and Maintenance Requirements? \_\_\_\_\_

As a condition for issuance of this certification, I agree to comply with the provisions of the Environment Article, Sections 7-249 through 7-252, Annotated Code of Maryland and COMAR 26.13 and 11.16; 49 CFR Parts 100-180 and 350-399 as applicable.

I certify that the above information is correct and complete to the best of my knowledge. Additionally, I will notify the State within 30 days of any changes in the information contained within this application.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THE FEE FOR VEHICLE CERTIFICATION IS \$50.00 PER CALENDAR YEAR PER VEHICLE USED TO TRANSPORT CHS. ANY CHECKS SHALL BE MADE PAYABLE TO:

MARYLAND DEPARTMENT OF THE ENVIRONMENT  
 P.O. BOX 1417  
 BALTIMORE, MD 21230