



## FORM HW-1 – APPLICATION FOR HAZARDOUS WASTE LICENSE

**IT IS STRONGLY RECOMMENDED THAT YOU USE THE INSTRUCTIONS PROVIDED WITH THIS FORM AS A GUIDE. INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY THE ISSUANCE OF A LICENSE.**

**WARNING:** Intentional, reckless, false or misleading statements or signatures on this application and any supporting documents may lead to suspension or revocation of authority and possible State or Federal civil or criminal prosecutions resulting in fines, forfeiture or jail sentence.

### SECTION 1. TYPE OF REGISTRATION

**A. APPLICANT REQUESTS APPROVAL OF THIS APPLICATION FOR (check all that apply)**

- Applicant transports hazardous waste, used oil, infectious waste, and PCB waste in, out, or through the state of Missouri.
- Applicant **is not** a FOR-HIRE transporter.
- Applicant **is** a FOR-HIRE transporter.

**B. PROPOSED SERVICE WILL INCLUDE TRANSPORTING THE FOLLOWING (check all that apply)**

*(If you transport ALL divisions within a class check the box titled "All Divisions")*

**CLASS 1 EXPLOSIVES:**

- Division 1.1 Explosives that have a Mass Explosion Hazard
- Division 1.2 Explosives that have a Projection Hazard
- Division 1.3 Explosives that have a Fire Hazard and either a Minor Blast Hazard or a Minor Projection Hazard, or both
- Division 1.4 Explosive Devices that present a Minor Blast Hazard
- Division 1.5 Very Insensitive Explosives
- Division 1.6 Extremely Insensitive Detonating Substances
- ALL Divisions of Class 1 Explosives

**CLASS 2 GASSES:**

- Division 2.1 Gasses that are Flammable
- Division 2.2 Gasses that are Non-Flammable and Compressed
- Division 2.3 Gasses that are Poisonous
- ALL Divisions of Class 2 Gasses

**CLASS 3 FLAMMABLE AND COMBUSTIBLE LIQUIDS**

**CLASS 4 FLAMMABLE SOLIDS**

- Division 4.1 Solids that are Flammable
- Division 4.2 Material that is Spontaneously Combustible
- Division 4.3 Material that is Dangerous When Wet.
- ALL Divisions of Class 4 Flammable Solids

**CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES**

- Division 5.1 Oxidizers
- Division 5.2 Organic Peroxides
- ALL Divisions of Class 5 Oxidizers and Organic Peroxides

**CLASS 6 POISONS**

- Division 6.1 Material that is Poisonous (PG I, Inhalation Hazard Only)
- Division 6.1 Material that is Poisonous (PG I, OR II Other than PG I Inhalation Hazard)
- Division 6.1 Material that is Poisonous (PG III, Keep Away From Food)
- Division 6.2 Material that is an Infectious Substance (Etiologic Agent)
- All Divisions of Class 6 Poisons

**CLASS 7 RADIOACTIVE MATERIALS**

**CLASS 8 CORROSIVES**

**CLASS 9 MISCELLANEOUS**

**ORM-D (Other Regulated Materials)**

**WASTE OIL/USED OIL**

**INFECTIOUS WASTE**

**MEDICAL WASTE**

**OTHER:** \_\_\_\_\_

### SECTION 2. GENERAL INFORMATION

|           |          |            |                   |
|-----------|----------|------------|-------------------|
| USDOT NO. | FEIN NO. | EPA ID NO. | DAYTIME PHONE NO. |
|-----------|----------|------------|-------------------|

NAME OF CARRIER (exactly as it appears on your insurance form, and what is registered with USDOT and Missouri Secretary of State, if applicable)

TRADE OR DBA (DOING BUSINESS AS) NAME

|  |      |       |          |
|--|------|-------|----------|
| PRINCIPAL PLACE OF BUSINESS ADDRESS (Not a PO Box)<br>STREET | CITY | STATE | ZIP CODE |
|--|------|-------|----------|

|   |      |       |          |
|---|------|-------|----------|
| MAILING ADDRESS (If different from Principal address)<br>STREET | CITY | STATE | ZIP CODE |
|---|------|-------|----------|

**MISSOURI BRANCH OFFICES, TERMINALS & TRANSFER STATION ADDRESSES:**  
 Check this box if you have NO branch offices, terminals, or transfer stations.

| STREET ADDRESS | CITY, STATE, ZIP CODE |
|----------------|-----------------------|
|                |                       |
|                |                       |
|                |                       |
|                |                       |

|         |               |
|---------|---------------|
| FAX NO. | EMAIL ADDRESS |
|---------|---------------|

**HOW WOULD YOU LIKE TO RECEIVE YOUR LICENSE?**     U.S. Mail     Fax     Email

### SECTION 3. PUBLIC LIABILITY SECURITY - INSURANCE

Applicant is required to file proof of insurance to the limits of liability prior to issuance of authority. **CONTACT YOUR INSURANCE COMPANY TO FILE THE REQUIRED INSURANCE FORM(S) WITH MoDOT.** (See Instructions for insurance required)

**SECTION 4. REGISTERED AGENT**

If the state of your principal place of business (as shown above) is NOT Missouri, you must provide a person's name and physical address (not a PO Box) in Missouri where legal documents may be accepted on your behalf.

**Name and Address:**

**SECTION 5. FORM OF BUSINESS**

**A. APPLICANT IS A**

- Sole Proprietorship   
  Partnership   
  Limited Partnership (LP)   
  Limited Liability Limited Partnership (LLP)  
 Corporation   
  Limited Liability Company   
  Trust

**DATE OF INCORPORATION** \_\_\_\_\_ **STATE OF INCORPORATION** \_\_\_\_\_ **REGISTRATION NO.** \_\_\_\_\_

**B. ARE YOU IN GOOD STANDING WITH THE STATE IN WHICH YOUR BUSINESS IS REGISTERED?**     YES     NO

If you are not required to register with the Missouri Secretary of State, please include a certificate of good standing from the state in which your business is registered, or a copy of the partnership agreement if your form of business is a Partnership.

**C. NAME OF COMPANY OFFICERS OR PARTNERS (Please Print)**

|  |   |  |
|--|---|--|
|  | <input type="checkbox"/> President      | <input type="checkbox"/> Organizing Member |
|  | <input type="checkbox"/> Vice President | <input type="checkbox"/> Organizing Member |
|  | <input type="checkbox"/> Secretary      | <input type="checkbox"/> Organizing Member |
|  | <input type="checkbox"/> Treasurer      | <input type="checkbox"/> Organizing Member |

**SECTION 6. AREA TO BE SERVED**

- Applicant transports hazardous waste or other licensed materials within the state of Missouri.  
 Applicant transports hazardous waste or other licensed materials in interstate commerce.

**SECTION 7. REGULATORY LICENSE FEES**

- Applicant has completed the license fee calculation sheet (Exhibit D) and the **amount due is enclosed.**

**SECTION 8. SAFETY FITNESS**

- Commercial motor vehicle safety regulations apply to motor carriers operating in the transportation of Hazardous Waste. For more information about safety regulations that apply to your operation visit the Safety and Compliance section of our website at [www.modot.org/mcs](http://www.modot.org/mcs).

**SECTION 9. CONSENT TO INVESTIGATE & SIGNATURE**

- Applicant, by signature on and/or delivery of this application to the Missouri Department of Transportation (MoDOT), consents on behalf of itself and its affiliates (including persons and entities under its control or related to applicant, and all of their agents, employees, drivers, lessors and lessees of vehicles or drivers, and insurance providers) to be investigated by MoDOT or Missouri Department of Natural Resources (DNR) (including MoDOT or DNR employees, agents, and cooperating law enforcement or regulatory agencies), in relation to the applicant's safety fitness and insurance coverage with respect to motor vehicles and drivers. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal, and local laws whether located on or off the premises of applicant and whether in the possession of applicant or any third party. MoDOT or DNR may copy or take possession of any document or item of evidence that may be found during such search or inspection. Termination of this consent by applicant prior to issuance of a permit to operate shall be grounds for immediate dismissal or denial of the application.
- I declare, under the penalty of perjury, under the laws of the state of Missouri and the United States of America that the foregoing information in this application is true and correct, that I am authorized to sign this application on behalf of the applicant and that the signature below is my own true and correct signature made by me and no other person.
- I, the undersigned, pursuant to Section 260.395.1, RSMo, certify that the equipment to be used by the above-named applicant for the transportation of hazardous wastes meets and will be operated in accordance with the rules and regulations of the Missouri Department of Transportation and the Federal Motor Carrier Safety Administration as published in Title 49 CFR 171-180 and 390-397 for the transportation of the types of hazardous materials for which it will be used. I further certify that the removal, transporting and disposal, storage or treatment of hazardous wastes will comply with the Missouri Hazardous Waste Management Law and rules adopted thereunder.

|                                  |                               |              |             |
|----------------------------------|-------------------------------|--------------|-------------|
| <u>APPLICANT(S) NAME PRINTED</u> | <u>APPLICANT(S) SIGNATURE</u> | <u>TITLE</u> | <u>DATE</u> |
|----------------------------------|-------------------------------|--------------|-------------|

**SECTION 10. AUTHORIZED 24-HOUR CONTACT PERSON**

|                |                           |                |
|----------------|---------------------------|----------------|
| NAME           | MO BAR NO (if applicable) | BUSINESS PHONE |
| STREET ADDRESS |                           | FAX NO         |
| CITY           | STATE                     | ZIP CODE       |
| 24-HR PHONE NO |                           |                |
| EMAIL ADDRESS  |                           |                |

**EXHIBIT D. LICENSE FEE CALCULATION FOR TRANSPORTING HAZARDOUS WASTE***(Carriers who pay the cap of \$25,000 are not required to complete this page.)***CHECK THIS BOX IF YOU ARE USING ESTIMATES** 

|  |  |                     |
|--|--|---------------------|
| <b>1. Total Licensed Vehicle Weight (in pounds) of Your Power Units Listed in Section 12.</b>  |  |                     |
| <b>2. Total Missouri Miles</b> (use Missouri IRP miles – see instructions below)   |  |                     |
| <b>3. Total Miles</b> (Use total IRP miles – see instructions below)   |  |                     |
| <b>4. Missouri Miles Divided by Total Miles</b> (line 2 divided by line 3, <b>round up</b> to two decimal places. <i>Example: .233 would be .24; .056 would be .06</i> ) |  |                     |
| <b>5. Total Missouri Hazardous Waste Shipments</b> (see instructions below)  |  |                     |
| <b>6. Total Number of Missouri Shipments</b> (see instructions below)  |  |                     |
| <b>7. Hazardous Waste Shipments Divided by Missouri Shipments</b> (line 5 divided by line six, <b>round up</b> to two decimal places. <i>See example on line 4</i> )     |  |                     |
| <b>8. Use Fee Factor</b>   |  | <b>.0425</b>        |
| <b>9. Calculated User Fee</b> (line 1 times line 4 times line 7 times line 8. <b>Round up to next whole dollar</b> )   |  | <b>\$</b>           |
| <b>10. Application Fee</b>   |  | <b>\$ 200.00</b>    |
| <b>11. Underpayment of Fees from Estimate of First Year</b> (Enter amount from line 14 of voucher)   |  | <b>\$</b>           |
| <b>12. Overpayment of Fees from Estimate of First Year</b> (Enter amount from line 15 of voucher)  |  | <b>\$ (      )</b>  |
| <b>13. Total Calculated Fee</b> (add line 9 plus line 10 plus line 11, subtract line 12)   |  | <b>\$</b>           |
| <b>14. Total Cap Fee</b>   |  | <b>\$ 25,000.00</b> |
| <b>15. Total Due to the State of Missouri</b> (if line 13 is larger than line 14, enter the amount on line 14. Otherwise enter amount from line 13)                      |  | <b>\$</b>           |

**MAKE CHECKS PAYABLE TO “DIRECTOR OF REVENUE”****INSTRUCTIONS** *(Also, see HW-1 Instructions for more detail)*

**LINE 2 – Total Missouri Miles:** For initial application for new carriers, estimated miles are acceptable. Missouri miles are the same as reported for the International Registration Plan (IRP) when you obtained your apportion license plate(s). For carriers not reporting IRP mileage, include all mileage from, to, or through Missouri. Additionally, all miles traveled transporting containers with residues of these materials, as defined in 49 CFR 171.8, will be included in the Missouri hazardous waste mileage. *(This includes the hazardous materials remaining in packaging, including a tank car, after its contents have been unloaded to the maximum extent practicable and before the packaging is either refilled or cleaned of hazardous material and purged to remove any hazardous vapors.)*

**LINE 3 – Total Miles:** This equals total IRP miles. For those carriers who do not report mileage under IRP, the total miles should be determined by using the beginning and ending odometer readings from the vehicles operated in your fleet from July 1 through June 30.

**LINE 5 – Number of Missouri Hazardous Waste Shipments:** Use hazardous waste manifests, used oil logs, or infectious waste shipping papers to determine the number of shipments transported from, to, or through Missouri for the preceding year.

**LINE 6 – Total Number of Missouri Shipments:** Use the total number of manifests, shipments, and bills of lading for any property transported from, to, or through Missouri for the preceding year.

