



# Arkansas Highway Police

*A Division of the Arkansas Department of Transportation*

## HAZARDOUS WASTE TRANSPORTATION PERMIT INITIAL APPLICATION

Permit Number: \_\_\_\_\_  
(Issued by AHP Permit Section)

EPA ID Number: \_\_\_\_\_

I. The designated individual, partnership, association or corporation shown below is applying for a Hazardous Waste Transportation Permit pursuant to the requirements of Rule 11.12 as contained in the General Rules of Practice and Procedure issued by the Arkansas State Highway Commission.

Applicant:       Individual       Partnership       Corporation       Association

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_

II. Applicant proposes to operate as a:  
 For Hire carrier       Private carrier

III. Applicant currently operates under the following certificates granted by the U.S. DOT and/or the Arkansas State Highway Commission:

U.S. DOT Number: \_\_\_\_\_

Issuer: \_\_\_\_\_ Number: \_\_\_\_\_

IV. Applicant proposes to transport the following hazardous waste(s):  
\_\_\_\_\_  
\_\_\_\_\_

V. Applicant's principle business is: \_\_\_\_\_

VII. Arkansas resident agent for services of process is designated below:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

VIII. Name and address of attorney for applicant:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, state that I am filing this application as indicated and have a relationship to applicant in the form of \_\_\_\_\_ (state the relationship, such as: the owner, proprietor, titled officer of the corporation or association, member of partnership, or other authorized representative of applicant) and that, in such capacity, I am qualified and authorized to file and verify such application and that I have carefully examined all the statements and matters contained in the application and all as set forth therein are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Subscribed to and sworn before me, \_\_\_\_\_ a Notary Public in and for the State and County above named, I have this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ affixed my Seal attesting thereto.

My Commission expires:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

## General Information and Instructions for Hazardous Waste Transportation Permit Initial Application

THE ONLY PAPERWORK MAILED NEEDS TO BE: THE 2 RENEWAL PAGES PLUS THE \$50 CHECK.  
\*\*\*EMAIL ALL OTHER DOCUMENTS\*\*\*

- 1) All transporters of hazardous waste(s) must obtain a permit from the Arkansas Highway Police prior to transporting hazardous waste in the State of Arkansas. Questions concerning the application process should be directed to the Arkansas Highway Police at (501) 569-2546.
- 2) The initial application must be notarized and shall contain or be accompanied by:
  - a) The applicant's name (or trade name, if any) and address or locations of his or its principal place of business;
  - b) Proof of \$1 million minimum liability insurance;
  - c) Statement giving full information concerning ownership, reasonable value, and physical condition of vehicles and other property to be used by the applicant;
  - d) A full and complete financial statement giving detailed information concerning the financial condition of the applicant;
  - e) A full and complete statement giving detailed information concerning the hazardous waste to be transported and services, if any, proposed to be rendered by the carrier;
  - f) A detailed list of equipment that will be used to transport such materials;
  - g) A copy of current periodic (annual) inspection pursuant to Rule 396.17 of the Federal Motor Carrier Safety Regulations for each commercial motor vehicle being utilized in the transportation of hazardous waste;
  - h) If applicant is partnership, a copy of the partnership agreement; if applicant is a corporation, a copy of the Articles of Incorporation;
  - i) If applicant is not a resident of the State, a designation in writing of the name and address of a person maintaining a residence within the State upon whom service of process may be had in all actions arising in the State;
  - j) Description of applicant's vehicle maintenance program;
  - k) Description of applicant's safety program, including employee training relating to the handling of hazardous waste;
  - l) Non-refundable filing fee of \$50 in the form of a company check or money order made payable to: **Arkansas Department of Transportation**.
- 3) For hire common and contract carriers planning to transport any hazardous waste having commercial value must have intrastate operating authority issued by the Arkansas State Highway Commission before applying for a Hazardous Waste Transportation Permit.
- 4) Private carriers, as defined by the Arkansas Motor Carrier Act, are not required to obtain intrastate operating authority, regardless of whether or not the waste has value.
- 5) The applicant's U.S. DOT Carrier Safety Rating will be reviewed in processing the application.
  - a) Those carriers with a rating of "satisfactory" will be issued a permit.
  - b) Those with a rating of "unsatisfactory" will be denied a permit.
  - c) Carriers without a safety rating or with a rating of "conditional" will be issued a conditional permit.

- 6) Hazardous Waste Transportation Permits are nontransferable and are valid for one year from date of original issue.
- 7) Hazardous Waste Transportation Permits may be suspended or revoked in whole, or in part, as provided in Section 14 of the Arkansas Motor Carrier Act, for cause, including but not limited to the following:
- a) Violation of any terms of the permit or the Arkansas Hazardous Waste Management Act,
  - b) Any violation of the rules and regulations adopted by the Arkansas Department of Transportation pursuant to the Arkansas Motor Carrier Act, the Arkansas Hazardous Waste Management Act, or the Arkansas Hazardous Material Transportation Act,
  - c) Any violation of applicable rules and regulations adopted by the Arkansas Department of Environmental Quality; or
  - d) Misrepresentation of any material fact in the permit application.
- 8) Submit application & payment to:
- |                            |    |                             |
|----------------------------|----|-----------------------------|
| Arkansas Highway Police    | or | Arkansas Highway Police     |
| Attn.: Hazardous Waste     |    | Attn.: Hazardous Waste      |
| P.O. Box 2779              |    | 10324 Interstate 30         |
| Little Rock, AR 72203-2779 |    | Little Rock, Arkansas 72209 |

9) Additional documents may be submitted electronically to [ahppermit@ardot.gov](mailto:ahppermit@ardot.gov)

If you have questions, contact the Permit Office by telephone at (501) 569-2546 or by e-mail at [ahppermit@ardot.gov](mailto:ahppermit@ardot.gov)

**NOTE:** The Arkansas Highway Police does not issue renewal notices. It is the responsibility of each permit holder to submit an application for renewal each year.

**THE ONLY PAPERWORK MAILED NEEDS TO BE: THE 2 RENEWAL PAGES PLUS THE \$50 CHECK.  
\*\*\*EMAIL ALL OTHER DOCUMENTS\*\*\***



# Arkansas Highway Police

*A Division of the Arkansas Department of Transportation*

## HAZARDOUS WASTE TRANSPORTATION PERMIT

### Initial Application Checklist

- Completed application
- Certificate of liability insurance
- Ownership, value, and condition statement
- Complete financial statement
- Statement concerning the hazardous waste to be transported and services
- List of equipment
- Current periodic (annual) inspection
- Partnership agreement or Articles of Incorporation
- Resident agent
- Vehicle maintenance program
- Safety program
- Payment

**THE ONLY PAPERWORK MAILED NEEDS TO BE:  
THE 2 RENEWAL PAGES PLUS THE \$50 CHECK.  
\*\*\*\*EMAIL ALL OTHER DOCUMENTS\*\*\*\***

**For more information: Contact AHP Permit Section at (501) 569-2546 or email [ahppermit@ardot.gov](mailto:ahppermit@ardot.gov)**