

FACILITY ID#	_____
RECEIPT#	_____
AMOUNT PAID	_____
DATE PAID	_____

REFUSE VEHICLE PERMIT APPLICATION

GENERAL INFORMATION

For permit to operate as a collector of refuse (garbage), or as a limited collector in the unincorporated areas and authorized cities (excluding the City of San Jose) of the County of Santa Clara for calendar year. (limited collector hauls rubbish, wholesale food processing waste, non-putrescible solid waste, construction/demolition debris, or mixed demolition wastes for sorting and recycling).

BUSINESS NAME:			
SITE ADDRESS:		CITY:	STATE: ZIP CODE:
MAILING ADDRESS:		CITY:	STATE: ZIP CODE:
OWNER:	PHONE:	EMAIL:	
OPERATIONS/FLEET MANAGER:	PHONE:	EMAIL:	

TYPE OF VEHICLE

Key:

4460	G-SL = GOVERNMENT SIDE LOADER	\$1,958	4463	RO = ROLL OFF VEHICLE	\$1,511	4467	TV-V = TRANSFER VEHICLE	\$2,745
4461	G-RL = GOVERNMENT REAR LOADER	\$1,958	4464	FL = FRONT LOADER	\$2,045	4468	TV-T = EXTRA TRANSFER TRAILER	\$547
4462	G-NP = GOVERNMENT NON-PACKER LARGE	\$1,511	4465	SL = SIDE LOADER	\$2,045	4469	NP = NON-PACKER REFUSE VEHICLE > 6 YDS	\$1,511
			4466	RL = REAR LOADER	\$2,045	4471	TF = PERMIT TRANSFER FEE-SOLID WASTE VEHICLE	\$118

List the TOTAL number of vehicles:	List number of each vehicle type (use key):	G-RL:	RO:	SL:	TV-V:	NP:
	G-SL:	G-NP:	FL:	RL:	TV-T:	TF:

MAKE CHECKS PAYABLE TO COUNTY OF SANTA CLARA DEH

VEHICLE INFORMATION

	VEHICLE #	MAKE	YEAR	TYPE	LICENSE #	VIN # (Last 6 digits)
1						
2						
3						
4						
5						
6						

If you have more vehicles attach corresponding spreadsheet to permit application.

PICK UP AND DISPOSAL

List the cities in which you are authorized to collect refuse:	County Unincorporated area collection: Yes _____ No _____
List any other authorized area of collection for listed vehicles:	List all disposal facilities or final destinations utilized by the vehicles listed:

REFUSE VEHICLE ACKNOWLEDGEMENT

- Application is made for a vehicle listing or permit pursuant to the California Administrative Code, Title 14, Section 17332 and/or Santa Clara County Code, Sec. B11-160, and the California Government Code, Title 7.3, Section 66796.20.
 - I have completed the application/notification to the best of my ability.
 - I understand that once the application is reviewed, the application fee is non-refundable.
- ***Please submit all the required items via email to SWPadmin@cep.sccgov.org or in-person at Santa Clara County Department of Environmental Health Office.

Print Name: _____ Phone: _____
Signature: _____ Date: _____

OFFICIAL USE ONLY

COMMENTS _____
FACILITY ID # _____ DESIGNATED EMPLOYEE _____
 APPROVED DISAPPROVED
BY _____ EMP# _____ DATE _____ SUPERVISOR _____ DATE _____