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| --- |
| **1. BUSINESS LOCATION (Please Print)** |
| DEQ License No.:  |       | ***or***   | [ ]   | New Applicant | Training Date: |       | Location: |       |
| Name of Business:  |       |
| Mailing Address:  |       | Phone # | (   )   -     | Fax # | (   )   -     |
| City:  |       | State:  |    | Zip Code:  |       | County:  |       |
| Physical Address if different:  |       |
| City:  |       | State:  |    | Zip Code:  |       |  |
|  |
| **2. LICENSEE INFORMATION *(Check and Complete as Appropriate)*** |
|  [ ]  Owner(s)  | [ ]  President  | or | [ ]  Designated Officer of the Business |
|  |  |  |  |  |  |  | / |  | / |  |  |  |
| **Please Print First Name** |  | **MI** |  | **Last Name** |  | **Date of Birth** |  | **E-mail Address** |
|  |  |  |  |  |  |  | / |  | / |  |  |  |
| **Please Print First Name** |  | **MI** |  | **Last Name** |  | **Date of Birth** |  | **E-mail Address** |
|  |  |  |  |  |  |  | / |  | / |  |  |  |
| **Please Print First Name** |  | **MI** |  | **Last Name** |  | **Date of Birth** |  | **E-mail Address** |
| **3. PROFESSIONAL LICENSING COMPLIANCE REVIEW** |
| Social Security Number (optional\*) |     | - |    | - |      |  |
| \*Pursuant to OAC 710:95-9-3(a), DEQ must provide to the Oklahoma Tax Commission (“OTC”) a list of all its licensees along with their social security numbers and other identifying information that may be required by OTC. **If you choose to not provide DEQ with your social security number**, it will be your responsibility to obtain and provide DEQ with documentation of your compliance with Oklahoma Income Tax laws prior to being eligible for renewal next year. You can obtain the required documentation by calling OTC’s Professional Licensing Compliance Unit at 405-522-6800. **Please note that it can take six (6) months or more** for OTC to provide you with this information; and DEQ cannot renew your license next year without it. |
|  |
| **4. SEPTAGE PUMPING AND TRANSPORTING LICENSE FEES**  |
| [ ]  | Annual License Fee |  |  | $203.58 |       | *(100842)* |
| [ ]  | Vehicles  | Number of Vehicles |     | X |  $67.86 |       | *(100843)* |
| [ ]  | Permit to Land Apply Septage  | Number of Sites |     | X | $339.28 |       | *(100844)* |
| [ ]  | Permit to Operate a Septage Treatment Facility  | Number of Sites |     | X | $339.28 |       | *(100845)* |
| [ ]  | Authorization to Operate a Septage Storage Facility  | Number of Sites |     | X | $203.58 |       | *(100846)* |
| [ ]  | Late Fee |   |  |  $67.86 |       | *(101043)* |
| [ ]  | Variances |  |  | $271.43 |       | *(101044)* |
|  |  |  |  | **TOTAL** |       |  |
|  **PAYMENT INFORMATION** |
| **SELECT ONE FORM OF PAYMENT:** | **FAX TO: (405)702-7120** |
| [ ]  | Check made payable to Department of Environmental Quality (DEQ) |
| [ ]  | Money Order made payable to DEQ  |
| [ ]  | Credit Card |
| Name on card: |       |  |
|  | ***Please Print*** |  |
| Signature of Authorized User: |  |
|  |  |
| Card type: | [ ]  MasterCard | [ ]  Visa |
|  |  |  |
| Expiration date: |    | / |      |  |
|  | mm | / | year |  |
| Credit card number: |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

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| **5. METHOD(S) FOR SEPTAGE STORAGE, TREATMENT OR DISPOSAL (*CHECK ALL APPLICABLE)*.**  \*If used, a completed “Consent for the Disposal of Septage” Form (645-004) must accompany this application. † If used, a copy of the previous year’s records must be available upon inspection or request. |
| **Check Each Method Used and Provide the Permit or Authorization Number:** |
| [ ]  | Land Application Site †  |       | [ ]  | Solid Waste Landfill \* |       |
| [ ]  | Septage Storage |       | [ ]  | Wastewater Treatment Facility\* |        |
| [ ]  | Septage Treatment Facility \*† |       | [ ]  | City Permitted Pretreatment Facility\* |       |
|  |
| **6. REGISTRATION OF VEHICLES TO BE USED FOR PUMPING, TRANSPORTING AND DISPOSING OF SEPTAGE**  **\*DEQ will assign numbers for vehicles not previously registered** |
| DEQ VEHICLE NO.\*  | YEAR OFVEHICLE | MAKE OFVEHICLE | LICENSE TAG NO. | VEHICLE IDENTIFICATION # (VIN) | GALLONSCAPACITY |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **7. APPLICANT’S SIGNATURE**  **I understand that this application must be amended before utilizing any disposal method not described in Section 5; and that this license does not apply to controlled industrial waste or to oil and gas production wastes.** |
|  |  |  |  |  |  |
| Please Print Applicant’s First Name  |  | Last Name |  | Applicant’s Signature | Date |
| Comments: |
|       |