

**HAULER INFORMATION SHEET**  
**For Lycoming County Resource Management Services**  
**FAX: (570) 547-6534**  
**PO Box 187, 447 Alexander Drive, Montgomery, PA 17752-0187**  
**Phone: (800) 326-9571 (570) 547-2470**

Hauler Business Name: \_\_\_\_\_ EIN or SS # \_\_\_\_\_

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

Type of Ownership: Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Local Gvt \_\_\_\_\_

Owners' Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Location if different from mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF WASTE MATERIAL TO BE DISPOSED:**

Municipal \_\_\_\_\_ Residual \_\_\_\_\_ Construction Demolition \_\_\_\_\_ Tires \_\_\_\_\_

Wood \_\_\_\_\_ Asbestos \_\_\_\_\_ Sewage Sludge \_\_\_\_\_ Other (list) \_\_\_\_\_

County(s) hauling from: (circle) Lycoming Columbia Montour Northumberland Snyder Union  
Other(list) \_\_\_\_\_

DEP Hauler Authorization #: WH \_\_\_\_\_ Expiration: \_\_\_\_\_

DEP Tire Authorization #: WTT \_\_\_\_\_ Expiration: \_\_\_\_\_

A copy of the DEP Hauler Authorization letter listing VIN #'s for the company, is requested to be attached to this information sheet. A listing of each vehicle and trailer used for hauling wastes to LCRMS facilities is needed, please complete the attached form(s).

Please attach a certificate of insurance listing LCRMS as a certificate holder showing your automobile liability coverage.

***I certify that the information submitted is true and correct. I agree to notify LCRMS if a vehicle is sold or placed out of service, so they can remove information regarding the vehicle from active files. Information to include, RMS identification number, VIN #, and PADEP Authorization #.***

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name and Title

Date: \_\_\_\_\_