



**Michigan Department of Environment, Great Lakes & Energy  
Materials Management Division**

**MOTOR CARRIER REGISTRATION AND PERMIT FOR THE UNIFORM PROGRAM  
APPLICATION FOR LIQUID INDUSTRIAL BY-PRODUCT  
TRANSPORTATION**

*Required by Part 121, Liquid Industrial By-Products, Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended and the Hazardous Materials Transportation Act, 1998 PA 138.*

**REVIEW THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION**

**Part I. Registration Application**

1. Applicant name:	2. FEIN number:  2a. Michigan Tax ID number
3. Mailing address: (including zip code):  3a. Email address:	4. Street address, if different (include zip code):  4a. Principal business phone number:
5. Person to contact concerning this application:  5a. Contact title:	6. Contact phone:  6a. Contact email  6b. Contact FAX:
7. USDOT Motor Carrier No.(Required for all interstate transporters):	8. Federal EPA Transporter Identification No./Site ID Number:
9. Do you transport hazardous waste? ____ Yes      _____ No  9a: If yes, please identify all licenses/permits associated with hazardous waste transport:	9b. Do you transport hazardous material: ____ Yes      ____ No  9c. Do you transport used oil: ____ Yes      ____ No
10. Emergency phone number at which the carrier can be contacted (including answering machines or voice mail):	
11. Information provided on this application covers the <b>previous</b> 12 month period: Calendar Year 20____ or Fiscal Year--From _____ to _____	
12. <b><u>FLEET INFORMATION</u></b> a. Average number of power units owned, leased or operated for the time period indicated in Part I, Item 11, ____ <b>Under 10,000 lbs. GVW</b> ; ____ <b>At or above 10,000 lbs. GVW</b> b. Percentage of all transportation activity involving LIBP: _____ % c. Percentage of all transportation mileage in Michigan: _____ %	

**Part II: Permit Application**

**Section A. Corporate Structure**

<p>1. Type of Carriage</p> <p>a. <input type="checkbox"/> Interstate (in-state and out-of-state) <input type="checkbox"/> Intrastate (in-state only)</p> <p>-----</p> <p>b. <input type="checkbox"/> Private (transport own waste only)</p> <p><input type="checkbox"/> For Hire (contract with other customers)</p> <p><input type="checkbox"/> Other, describe: _____ _____ _____</p>	<p>2. Type of Business</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Joint Venture</p> <p><input type="checkbox"/> Other, describe: _____</p>
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3. Number of years that the applicant has transported:

a. LIBP \_\_\_\_\_years      b. Hazardous Waste \_\_\_\_\_years

**Section B. Permits Withdraw, Denied, Suspended, or Revoked**

Has the applicant had a transportation license, permit, or registration withdrawn, denied, suspended or revoked by any state, local, or federal agency in the last three years?

Yes       No

If yes, indicate the action taken (e.g. suspension), the date of the action, the jurisdiction taking the action, and whether the registration, license, or permit was reinstated. **THIS INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.**

**Section C. USDOT Safety Rating**

If available, provide the most recent USDOT Safety Rating.

Satisfactory                       Conditional

Unsatisfactory                       Unrated                       None

**Section D. History of Applicant's Violations Related to the Transportation**

1. Has the applicant been assessed or paid any fines and penalties relating to transportation activities, except for parking violations, within the last three years?

Yes       No

If yes, provide the following information for each violation:

- Date of assessment,
- Amount of assessment,
- Issuing agency,
- Type of violation,

- Type of LIBP, hazardous material and/or other commodity involved, and
- Final agency assessment.

**INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.**

2. Has the applicant been fined or convicted in the last three years for transporting without a required registration, permit, license, or similar type of credential?

Yes       No

If yes, provide the following information for each fine or conviction:

- Date of fine/conviction,
- Issuing agency,
- Type of violation, and
- Type of LIBP, hazardous material and/or other commodity involved.

**INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.**

3. Has the applicant's parent company, any subsidiary, and/or corporate officer or director of the parent or any subsidiary, and/or corporate officer or director of the parent or any subsidiary been convicted, assessed, paid, or otherwise found culpable in legal proceedings relating to transportation with penalties in the last three years?

Yes       No

If yes, provide the following information for each legal proceeding:

- Fines/penalties/judgments levied,
- Date of the action,
- Nature of the violation,
- Cause or reason for the action, and
- Remedial action taken to mitigate the situation, if any.

**INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.**

**Section E. Transportation Incidents**

Has the applicant been involved in transportation incidents/accidents that resulted in any of the following in the last three years?

- A person is killed,
- A person receives injuries requiring his or her hospitalization,
- Estimated carrier or other property damage exceeds \$1,000,
- An evacuation of the general public occurs,
- One or more transportation arteries or facilities are closed.

Yes       No

If yes, provide the following information for each incident/accident:

- Date,
- Location,
- Cause of the incident/accident,
- Details of the remediation process, and
- Agency that supervised the remediation.

**INFORMATION SHOULD BE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION.**

**Section F. Michigan Terminals**

List the address of all applicable terminals owned or operated by the applicant located in Michigan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***NOTE: For purposes of the Michigan LIBP Uniform Program, “terminal” is defined as a facility owned, leased or operated by the applicant where:***

- ***Applicant’s motor vehicles used for transportation are loaded, unloaded or dispatched incidental to transportation;***
- ***Applicant’s motor vehicles used for transportation are cleaned, maintained or inspected;***
- ***Applicant’s motor vehicles used for transportation are fueled or repowered;***
- ***Applicant stores materials incidental to transportation; or***
- ***Applicant maintains records related to transportation including vehicle maintenance files, hours-of-service records, and manifests.***

**NOTE THAT ALL SECTIONS G, H AND I MUST BE INITIALED IN THE BOX TO THE LEFT OF THE CERTIFICATION.**

<i>Initials</i>	<b>Section G. Inspections</b>
	“I certify that, to the best of my knowledge, all applicant owned and operated vehicles have received a periodic inspection within the past year under the requirements detailed in 49 CFR 396.17 (adopted in Act 181, PA 1963, as amended).”
<i>Initials</i>	<b>Section H. Financial Responsibility</b>
	“I certify that, to the best of my knowledge, the applicant has a properly executed Form MCS-82 or MCS-90, and has in effect and will maintain the minimum level of financial responsibility of \$750,000 or \$300,000 for vehicles under 10,000 pounds gross vehicle weight.” <b>Provide copy of Form MCS-82 or MCS-90.</b>
<i>Initials</i>	<b>Section I. Other Certifications</b>
	1. “I certify that, to the best of my knowledge, all of the applicant’s drivers subject to 49 CFR 383 have a current commercial driver’s license.”
	2. “I certify that, to the best of my knowledge, the applicant is in compliance with 49 CFR Part 382 regarding drug and alcohol testing (adopted in Act 181, PA 1963, as amended).”
	3. “I certify that, to the best of my knowledge, the applicant is in compliance with 49 CFR Part 392 regarding driving motor vehicles (adopted in Act 181, PA 1963, as amended).”
	4. “I certify that, to the best of my knowledge, the applicant is in compliance with 49 CFR Part 395 regarding hours of service or the Michigan provisions (adopted in Act 181, PA 1963, as amended).”
	<b>Section J. List of Attachments</b>
	Itemize the attachments included with this application. (Additional room on next page)

**Part III: General Application Certifications**

I understand that as the **owner/officer** of this company any information contained in this application may be verified through either a desk audit or on-site audit.

If this is a renewal of a current permit, I certify that, to the best of my knowledge there are no changes to the information which was originally provided in Part II. If changes have occurred in Part II, I have checked the box below and listed the changes in the space provided.

I, the undersigned, swear and affirm that the statements, documents and certifications in this application and attachments are true and correct. Additionally, the removal, transportation and disposal of Liquid Industrial By-Product will be done in accordance with the requirements of Part 121, Liquid Industrial By-Products, Michigan Compiled Laws (MCL) 324.12101 et seq. and Part 111, Hazardous Waste Management (Used Oil), MCL 324.11101 et seq. of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and any administrative rules promulgated. I understand and affirm the authority of the Department of Environmental Quality, the Department of State Police, Department of Natural Resources, or the local law enforcement agency to perform reasonable inspections on transportation vehicles, equipment, and facilities.

\_\_\_\_\_  
Name (Print or Type Owner/Officer)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***False statements may violate state law, may incur penalties, and may invalidate the registration and permit form.***

***It is strongly recommended that you visit the FMCSA web site to review your company's security procedures against these recommended strategies-- <http://www.fmcsa.dot.gov/>***

To pay online, please use this website:

<https://www.thepayplace.com/mi/deq/liqwaste/billpreview.aspx>

Submit the application, all attachments and a copy of the payment receipt to:

**[EGLE-MMD-Act138applications@Michigan.gov](mailto:EGLE-MMD-Act138applications@Michigan.gov)**

For questions relating to this application or to liquid industrial by-product, please contact Ms. Sandra Ray at 248-320-1790 or [RAYS1@michigan.gov](mailto:RAYS1@michigan.gov), or Krista Hettich at 269-370-8527 or [HettichK@Michigan.gov](mailto:HettichK@Michigan.gov).