



Registration Application Used Oil Transporter and Transfer Facility

EPA ID#: _____

Check all that apply:

Transporter Transfer Facility

Name of Company (Include company specific site name)

Location of Company (Physical address not P.O. Box or Route #)

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

Company's Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Company's Contact Person (Person to be contacted regarding waste activities)

Last: _____ First: _____

Title: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Number of Employees Handling Used Oil: _____

Have all been properly trained? Yes No

Telephone Number: _____

Fax Number: _____

Employee Training Program *required by R. 61-107.279.E.43(d)* (Training Program Manual must be submitted to Department – see Instruction Packet) Is Training Program Manual Included in submittal? Yes No

Please Attach Certificate of Insurance and a copy of the policy to registration.

I hereby certify (or declare) that all information submitted in conjunction with this Registration is true to the best of my knowledge and that I am authorized to sign official documents for the applicant.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Submit the original to: SCDHEC L&WM - Compliance and Enforcement 2600 Bull Street Columbia, SC 29201