

DES MOINES METROPOLITAN WASTEWATER RECLAMATION FACILITY

3000 Vandalia Road

Des Moines, Iowa 50317

Phone: 515/323-8000 FAX: 515/323-8063



WASTE HAULER LICENSE APPLICATION

License Period: July 1, _____ – June 30, _____

COMPANY: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

EMAIL ADDRESS: _____ (for notification purposes)

VEHICLE MAKE: _____ YEAR: _____ COLOR: _____

LICENSE PLATE NO.: _____ TANK CAPACITY: _____ (gallons)

BONDING COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(Below section for WRA use only.)

ITEM

NOTES

Company Name: (3" letters on left & right of truck) Pass Fail

Fittings: Pass Fail

Hoses: Pass Fail

Pump: Pass Fail

Tanks: Pass Fail

Valves: Pass Fail

Comments: _____

Inspected by: _____ Date: _____

APPLICATION CHECKLIST

INITIALS

City Bond Form: Yes No _____

Application Fee: Yes No _____

Power of Attorney: Yes No _____

Account Current: Yes No _____