

FOR BUFFALO SEWER AUTHORITY USE ONLY Date Application Received: _____ Permit Number: _____ Industrial Waste Investigator: _____
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**BUFFALO SEWER AUTHORITY  
TRUCKER'S DISCHARGE PERMIT APPLICATION**

**GENERAL INFORMATION**

A 1. Applicant Business Name: \_\_\_\_\_

A. 2a. Business address:

Street	City	State	Zip
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A 2b. Mailing Address (*if different than above*):

Street	City	State	Zip
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A 3. Chief Business Official:

Name	Title
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A 4. Person to be contacted about this application:

Name	Title	Phone
Fax	Cell Phone	E-Mail

A 5. Person to be contacted in case of emergency:

Name	Title
Day phone	After hours phone
Fax no.	Cell phone

A 6. New York State Department of Environmental Conservation Waste Transporter

Permit Number: \_\_\_\_\_ Dated \_\_\_\_\_

**Present NYSDEC Part 364 permit must be attached.**

A 7. Insurance Agent(s): \_\_\_\_\_

**Certificate of Insurance must be attached.**

A8. Please provide a list of all trucks that will be discharging at the BSA, with their license plate number and the full load capacity of that truck.

**WASTESTREAM**

B 1. Source of Wastestream:

Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

B 2. Type of Wastestream: \_\_\_\_\_

B 3. Amount of Wastestream: \_\_\_\_\_ gallons/day

B 4. Maximum capacity of truck \_\_\_\_\_

B 5. Average number of loads per week \_\_\_\_\_

B 6. Analytical Data Attached Yes \_\_\_\_\_ No \_\_\_\_\_  
(Required for an Industrial Source)

B 7. Industrial Sources: Letter from official Representative of Source, stating how the waste was generated at the facility and that the wastehauler is responsible for transporting waste. Letter Must be renewed yearly.

**Letter must be attached.**

Is letter attached? Yes \_\_\_\_\_ No \_\_\_\_\_

I have personally examined, and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

\_\_\_\_\_  
Date Signature of Official