CITY OF GRAND PRAIRIE
ENVIRONMENTAL SERVICES DEPARTMENT
APPLICATION FOR LIQUID WASTE TRANSPORTATION PERMIT

Environmental Services Department
201 N.W. 2nd Street, Suite 100 (75050)
P.O. Box 534045
Grand Prairie, TX 75053-4045
(972) 237-8055

Business Name:_____TCEQ Registration No._____

Address:_____Business Telephone:_____

City:_____State:_____Zip:_____

Name of Owner:_____Home Telephone:_____

Manager of Operations:_____Emergency Telephone:_____

Manager's Driver's License Number:_____State:_____DOB____/_____/_____

Parent Company Name, Texas Incorporation No., Address and phone (if applicable):

_____

_____

Provide the following information on each vehicle to be permitted:

Year	Make	Gallons	License No.	Vehicle ID #	Inspected By	Fee

(if addition space is needed, please attach separate sheet)

LIQUID WASTE TO BE TRANSPORTED: _____Grease Trap _____Grit Trap _____Chemical Toilet _____Septage

IDENTIFY PERMITTED DISPOSAL FACILITY(S) TO BE USED, AND LIST CONTACT PERSON, ADDRESS AND TELEPHONE

1_____

2_____

3_____

I, the undersigned, hereby make application to transport liquid waste in the City of Grand Prairie, Texas, and declare to accept and abide by all pertinent ordinances and regulations in the City of Grand Prairie, Texas. I understand that falsification of any information submitted in the application shall be cause for termination of the liquid waste transportation permit, and that each permit shall be renewed on an annual basis.

_____ _____

SIGNATURE OF OWNER/MANAGER DATE SIGNATURE OF APPROVING AUTHORITY DATE