

MUNICIPAL & RESIDUAL WASTE TRANSPORTER NEW HAULER PIN REQUEST

This form is used to obtain a PIN to access the web-based Act 90 authorization application. This form is not an Act 90 Authorization application.

ALL APPLICANTS MUST SUBMIT A COPY OF THEIR EIN CONFIRMATION LETTER AND ARTICLES OF INCORPORATION. Failure to submit will delay processing. An Applicant is an individual or other legal entity that requests approval from DEP to conduct a regulated activity. The Applicant Contact must be authorized to receive correspondence on behalf of the applicant. The Business Address must be a street address. Sole Proprietorship must list the individual's name and the DBA ("doing business as") name.

Business Owner Name/Individual _____ DOB _____

Applicant Business Name _____ EIN _____

If more than one Owner/LLC Member please list Name, DOB, Percentage of Ownership: _____

Business Street Address: _____ City _____ State _____ Zip+4 _____

Applicant Contact Name _____ Title _____
Last First MI

Telephone (____) _____ Ext _____ FAX (____) _____

Cell Phone (____) _____ Email Address/s _____

Mailing Address (if different from the Business Street Address) _____

City _____ State _____ Zip + 4 _____ Country _____

Applicant Type Code – select the code that represents the type of applicant:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Individual | <input type="checkbox"/> Municipality | <input type="checkbox"/> Non-PA corporation |
| <input type="checkbox"/> PA Corporation | <input type="checkbox"/> Partnership-General | <input type="checkbox"/> Partnership-Limited | <input type="checkbox"/> School District |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Liability Company |

I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

Print Name of Responsible Person (Last, First, MI) _____ Title _____

Signature _____ Date _____

Email: RA-WTSP@pa.gov, Fax: 717-772-5739, or mail: PA DEP, Bureau of Waste Management, Division of Reporting and Fee Collection, Rachel Carson State Office Building, P.O. Box 8550, Harrisburg, PA 17105-8550.

For Department Use Only	Client ID:	Waste Hauler ID:
Date:	Initials:	