

**GENERATOR REGISTRATION AND CARRIER  
LICENCING REGULATION M.R. 175/87**



**APPLICATION FOR A LICENCE TO TRANSPORT HAZARDOUS WASTE**

**Section 1 Transporter Identification**

This application is being made in compliance with Section 8 of The Dangerous Goods Handling and Transportation Act on behalf of:

Legal Name of Company: \_\_\_\_\_ Corp. File # if app. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Operation Name: \_\_\_\_\_ Operation Site Location: \_\_\_\_\_

Operation Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Section 2 Waste Description**

The applicant wishes to transport the following wastes :

**A. Waste Class**

- ☐ Class 2 Compressed Gases
- ☐ Class 3 Flammable Liquids
- ☐ Class 4.1 Flammable Solids
- ☐ Class 4.2 Spontaneously Combustible Solids
- ☐ Class 4.3 Solids Dangerous When Wet
- ☐ Class 5.1 Oxidizers
- ☐ Class 5.2 Organic Peroxides
- ☐ Class 6.1 Toxic Substances
- ☐ Class 6.2 Infectious Substances
- ☐ Class 8 Corrosives
- ☐ Class 9 Miscellaneous

**B. Waste Type**

- ☐ PCBs (Polychlorinated Biphenyles)
- ☐ Paint
- ☐ Batteries
- ☐ Pesticides or Pesticide Containers
- ☐ Oil/Oil Filters
- ☐ Solvents
- ☐ Other (Please specify): \_\_\_\_\_

**C. Transport Type**

- ☐ Commercial Waste Transport
- ☐ Only transport wastes generated by applicant

**Section 3 Vehicle List**

Vehicle Year and Make	Licence Plate	Province	Registered Owner	Net Load Capacity	Load Type
a)					
b)					
c)					
d)					
e)					

**Section 4 Certification**

*I certify that the information provided on this for is correct and complete.*

**Signature** of Contact Person with the Operation: \_\_\_\_\_ Date (dd/mm/yy) : \_\_\_\_\_

**Print Name** of Contact Person : \_\_\_\_\_ Position/Title : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

**For department use only :**

MB \_\_\_\_\_ Business \_\_\_\_\_ Form checked by \_\_\_\_\_ Region \_\_\_\_\_ Form processed by \_\_\_\_\_

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