

**Appendix IV. Transporter Authorization Application
FATS, OILS, AND GREASE (FOG)
BEST MANAGEMENT PRACTICE PROGRAM
City of Norman, Environmental Services**

Section A- Company Information

Company Name _____ DOT Authorization # _____

Mailing Address _____ ZIP Code _____

Contact Person _____ Telephone _____

Name and Title of Chief Executive _____

Business Address _____ ZIP Code _____

Section B- Waste Transport Vehicles

Vehicle	Make	Model	Tank Volume (gal)	License No.	State	Expiration
1						
2						
3						
4						

Section C- Waste Transport Vehicle Drivers

Driver	Name
1	
2	
3	
4	
5	
6	

Section D- Waste Information

Disposal Sites in which your company will use for discharging FOG waste				
Disposal Company	Disposal Site Location	Grease / Solids	Liquids	Permit Number

Section E- Insurance

Attach a certificate documenting that your company has adequate comprehensive general liability and auto liability insurance which includes the City as an additional insured and includes provisions for informing the City days prior to the time of policy cancellations or renewals

I have personally examined and am familiar with the information submitted in this document and attachments and certify the information to be true, accurate, and complete. I further agree to operate under provisions of all pertinent City Ordinances and realize failure to do so may result in my transportation license being revoked and enforcement action being taken against me.

Name and Title of authorized representative _____

Signature _____ Date _____