



NEW MEXICO
ENVIRONMENT DEPARTMENT

*Environmental Protection Division
Solid Waste Bureau*



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
Lieutenant Governor

1190 St. Francis Drive, Room N2150
P.O. Box 5469

Santa Fe, New Mexico 87502-5469

Telephone (505) 827-0197

Fax (505) 827-2902

www.nmenv.state.nm.us/swb

RYAN FLYNN
Cabinet Secretary-Designate

BUTCH TONGATE
Deputy Secretary

**SHORT DURATION / EMERGENCY COMMERCIAL HAULER
REGISTRATION FORM**

In accordance with the Solid Waste Act (NMSA 1978, § 74-9-8.H) and the New Mexico Solid Waste Rules (20.9.3.31 NMAC), commercial haulers of solid waste shall register with the New Mexico Environment Department ("NMED"). However, in an emergency and with prior approval of the Secretary of the NMED, this simplified form may be used to streamline the registration process and to reduce the cost of registration, thereby facilitating timely clean up and disposal of solid wastes, and helping to assure protection of human health and the environment in situations where expedited waste removal is appropriate. To register as a Short Duration / Emergency Commercial Hauler, complete this form and send it with payment via U.S. mail to the Solid Waste Bureau, New Mexico Environment Department, 1190 St. Francis Drive, P.O. Box 5469, Santa Fe, New Mexico 87502-5469.

I. GENERAL INFORMATION:

A. NAME OF TRANSPORTER:

COMPANY NAME (This is the name that will appear on the certificate)

NAME OF OWNER (If different than above)

DRIVER'S LICENSE NUMBER & STATE OF ISSUE (If business is a proprietorship or partnership)

B. MAILING ADDRESS: _____

C. PHYSICAL STREET ADDRESS (If different from the mailing address):

D. BUSINESS TELEPHONE: _____

E. LOCAL REPRESENTATIVE AND TELEPHONE:

NAME

TELEPHONE

Revision Date: 7/11/2013

F. TYPE/CLASSIFICATION OF WASTE TO BE HAULED (NO SPECIAL WASTE):

MSW _____ C&D DEBRIS _____

EMERGENCY DAMAGED WASTE _____

II. INSURANCE (Information in this section pertains only to vehicle liability insurance):

A. NAME OF INSURANCE COMPANY: _____

B. ADDRESS: _____

C. POLICY NUMBER, AMOUNT OF LIABILITY INSURANCE & EFFECTIVE DATE:

III. OPERATIONS:

A. ANTICIPATED START DATE OF OPERATION _____

B. PHYSICAL LOCATION OF ALL EQUIPMENT, EMPTY CONTAINER OR VEHICLE STORAGE YARDS IN NEW MEXICO:

C. IDENTITY OF EACH SOLID WASTE FACILITY, COLLECTION CENTER OR OTHER REGISTERED OPERATION RECEIVING SOLID WASTE FOR DISPOSAL OR TRANSFER (Must include the facility's permitted name, physical address, telephone, and state-issued permit or registration number – if necessary, attach an additional sheet):

D. COLLECTION VEHICLES AND TRAILERS:

NUMBER	TYPE OF VEHICLE & TRAILER (Include the year, make, model, size or maximum cubic yards per vehicle/trailer, and indicate the type of cover system – if necessary, attach an additional sheet):
--------	---
