



# Infectious Waste Collection Vehicle Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128 Fax: 801-525-5119

Type of Permit:  New Business  Permit Renewal  Change of Ownership

## Business Information

Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of Vehicles\*: \_\_\_\_\_ Email Address: \_\_\_\_\_

Invoice Information Same as:  Business Information

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Information Same as:  Business Information  Invoice Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## Owner/Corporation Information

Owner Name: \_\_\_\_\_ Corporation Name: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner/Corporation Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Local Contact Name: \_\_\_\_\_ Local Contact Phone/Email: \_\_\_\_\_

Operating an infectious waste collection vehicle prior to permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Infectious Waste Rules and Regulations. This permit is revocable for non-compliance. **I agree to comply with all laws governing infectious waste collection vehicles in Davis County.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

## Permit Approval Office Use Only

Permit Fee Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

\*Permit cost: \$75 per vehicle Number of vehicles: \_\_\_\_\_ x \$75 = Total amount paid: \_\_\_\_\_

<b>Vehicle # _____</b>		<b>Office Use:</b>	<b>Permit # _____</b>	<b>Date Assigned _____</b>
Vehicle License Plate Number:		Vehicle Weigh Capacity:		
Vehicle Make/Year:		Vehicle General Description:		
<b>Vehicle # _____</b>		<b>Office Use:</b>	<b>Permit # _____</b>	<b>Date Assigned _____</b>
Vehicle License Plate Number:		Vehicle Weigh Capacity:		
Vehicle Make/Year:		Vehicle General Description:		
<b>Vehicle # _____</b>		<b>Office Use:</b>	<b>Permit # _____</b>	<b>Date Assigned _____</b>
Vehicle License Plate Number:		Vehicle Weigh Capacity:		
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<b>Vehicle # _____</b>		<b>Office Use:</b>	<b>Permit # _____</b>	<b>Date Assigned _____</b>
Vehicle License Plate Number:		Vehicle Weigh Capacity:		
Vehicle Make/Year:		Vehicle General Description:		
<b>Vehicle # _____</b>		<b>Office Use:</b>	<b>Permit # _____</b>	<b>Date Assigned _____</b>
Vehicle License Plate Number:		Vehicle Weigh Capacity:		
Vehicle Make/Year:		Vehicle General Description:		
<b>Vehicle # _____</b>		<b>Office Use:</b>	<b>Permit # _____</b>	<b>Date Assigned _____</b>
Vehicle License Plate Number:		Vehicle Weigh Capacity:		
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