

**Metropolitan St. Louis Sewer District  
Waste Transporter Information Update**

(Please see the instructions on the reverse side of this form)

**Section A - Company Identification**

MSD Assigned  
Transporter ID:

1. Company Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name of Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
4. Name and Title of Chief Executive: \_\_\_\_\_
5. Premise Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Activities at this premise: \_\_\_\_\_
7. Dispatcher Name: \_\_\_\_\_ Dispatcher Telephone: (\_\_\_\_) \_\_\_\_\_

**Section B - Waste Transport Vehicles**

Vehicle	Make	Model	Tank Volume (gallons)	Vehicle License Information			St. Louis County HPN		MSD Assigned Vehicle ID Number
				License No.	State	Expiration Date	HPN	Expiration Date	
1									
2									
3									
4									

**Section C - Waste Information**

1. Types and estimated annual volumes of wastes to be transported and discharged to MSD:

- Industrial Waste \_\_\_\_\_
- Landfill Leachate \_\_\_\_\_
- Sludge \_\_\_\_\_
- Septic Tanks \_\_\_\_\_
- Portable Toilets \_\_\_\_\_
- Grease Traps \_\_\_\_\_
- Other \_\_\_\_\_

2. Areas in which your company will operate:

- St. Louis City \_\_\_\_\_
- St. Louis County MO \_\_\_\_\_
- Jefferson County MO \_\_\_\_\_
- St. Charles County MO \_\_\_\_\_
- Illinois \_\_\_\_\_
- Other \_\_\_\_\_

**Section D - Insurance**

Attach a certificate documenting that your company has a minimum of \$1,000,000 per occurrence comprehensive general liability and auto liability insurance which includes the District as an additional insured and includes provisions for informing the District 10 days prior to the time of policy cancellations or renewals.

**Certification**

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 District Ordinances and realize failure to do so may result in my discharge privileges being revoked and enforcement action being taken against me.

Name and Title of signing official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS FOR COMPLETING  
WASTE TRANSPORTER INFORMATION UPDATE FORM

PLEASE PRINT ALL INFORMATION

Section A:

1. Fill in your legal company name and your current MSD Transporter ID number.
2. Provide your complete business mailing address. This should be the address where you want business correspondence and bills sent.
3. Provide the name of a contact person who can be reached during normal business hours and your business telephone number.
4. Provide the name and title of the company's chief executive officer.
5. Provide the address of the premise from which your waste transporting activities are conducted. If you have more than one site, provide information for your primary site on this form and attach a listing with the addresses and activity information for each additional site.
6. List the activities conducted at each of the premises identified in item 5. These activities might include overnight parking of waste transport vehicles and related equipment, storage or transfer of wastes, servicing of portable toilets and other activities related to transporting liquid wastes to the District.
7. If you have a dispatcher provide the name and telephone number.

SECTION B:

Provide the required information for each vehicle your company will have in service transporting and discharging wastes to the District. If you have more than four waste transport vehicles use an additional copy of the form or attach a sheet listing the required information.

List only vehicles with waste tanks and only those vehicles you intend to discharge at MSD. Do not list tractor units used to pull tank trailers but do list each trailer.

Provide a St. Louis County Health Permit Number for each of the above vehicles which will operate in St. Louis County. These numbers must be valid for the current year.

Provide the current MSD assigned Vehicle ID. If an MSD Vehicle ID number has not yet been assigned, leave this space blank.

SECTION C:

1. Check off the types of waste you transport or expect to transport to the District and estimate, in gallons, the annual volume of each type.
2. Check off the areas in which you currently pick up or expect to pick up wastes for transporting to the District.

SECTION D:

Attach the required certificate from your insurance company showing a minimum of \$1,000,000 per occurrence comprehensive general liability and auto liability insurance.

Print your name and title and sign where indicated.

QUESTIONS/NEED ASSISTANCE? Call us at (314) 436-8742, 436-8716 or 436-8763.