



**DPS**

Montgomery County  
Department of Permitting Services

2425 Reedie Dr 7th Floor  
Wheaton, MD 20902  
Phone: 311 in Montgomery County or (240)777-0311  
<https://www.montgomerycountymd.gov/dps/>



## Application for Sewage Sludge Utilization Permit

**TYPE OF VEHICLE:**

TRUCK       TRAILER

**TYPE OF PERMIT:**

NEW       RENEWAL  
Permit No. MC - \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model & Year of Vehicle: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**NAME AND LOCATION OF SCAVENGER BUSINESS:**

Name of Business: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

Name of Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**WASTE DISPOSAL LOCATION:**

Name of Waste Disposal Location: \_\_\_\_\_

Address of Waste Disposal Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Waste Disposal Location Permit Number: \_\_\_\_\_

**APPLICANT'S INFORMATION:**

I agree to abide by the requirements of Montgomery County Code of Regulations COMCOR 27A as a condition of my permit to operate a scavenger vehicle.

Applicant's Printed Name and Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_