



**DPS**

**Montgomery County  
Department of Permitting Services**

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240)777-0311  
Fax: (240)777-6262  
<http://www.montgomerycountymd.gov/dps>



**Application for Sewage Sludge Utilization License**

**TYPE OF WORK:**

**TYPE OF PERMIT:**

TRUCK       TRAILER       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 Executive Regulation 28-93 AM as a condition of my permit to operate a scavenger vehicle.

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

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

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