



Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention – Business Compliance Division
BWP HW 27 Permit Application
 Permit Modification for Hazardous Waste Transporter License or
 ClassB (4) Regulated Recyclable Material (RRM) Transporter License

 Transmittal Number

 Facility ID (if known)

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant Information:

 Legally Responsible Official

 Company Name

 Street Address/PO Box

 City/Town

 State

 Zip Code

 e-mail address (optional)

 Telephone Number

2. Preparer Information:

 Individual Preparing this Application

 Company Name

 Street Address/PO box

 City/Town

 State

 Zip Code

 e-mail address (optional)

 Telephone Number

The applicant is the firm or individual needing a DEP approval or determination

3. Facility or Regulated Activity:

 DEP or FMF Facility ID # (if known)

 EPA ID #

 U.S. DOT #

 MA Hazardous Waste Transporter License # or
 Precious Metals Class B(4) RRM Transporter License #

If prepared by the applicant, enter "same as #1," and move on to item 3, otherwise please complete all items



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B. Amendments

Amendment to Hazardous Waste Transporter License or Precious Metals Class B (4) Regulated Recyclable Material (RRM) Transporter License

Provide a complete description of all proposed amendments to the current hazardous waste transporter license or the current Precious Metals Transporter License.

In section A, provide existing license language. In section B, provide the proposed amendment.

Attach additional sheets if necessary.

A. Existing text in current license - enter the information as listed in the current license:

Name of the Licensee

Mailing Address

City/Town

State

Zip Code

Facility or Office Address

City/Town

State

Zip Code

Mass License Number

EPA I.D. Number

Effective Date

Expiration Date

Massachusetts Parking Location(s) (Transportation-Related Areas)

Contact Person

Phone Number

Email Address (Optional)

B. Proposed new or replacement text - enter information that has changed:

Name of the Licensee

Mailing Address

City/Town

City/Town

Zip Code

Facility or Office Address

City/Town

City/Town

City/Town

Mass License Number

EPA I.D. Number

Massachusetts Parking Location(s) (Transportation-Related Areas)

Contact Person

Phone Number

Email Address (Optional)

Date Changes Will Take Effect (MM/DD/YYYY)



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C. Confidentiality Request

You may request in writing that the Department keep confidential part or all of any documentary material or data submitted to the Department if such material or data, if made public, would divulge a trade secret. You are advised to read 310 CMR 3.00 carefully before making such a request because only certain material or data may properly be the subject of a request for confidentiality

D. Certification

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and, based on my inquiry of those individuals immediately responsible for obtaining the information, that I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.”

Print Name

Authorized Signature

Position/Title

Date