



VEHICLE REGISTRATION FORM

HAULER INFORMATION	
Company Name:	
Contact Name:	
Phone:	Email:
Vehicle Type:	<input type="checkbox"/> Roll off <input type="checkbox"/> Transfer trailer <input type="checkbox"/> Hook lift <input type="checkbox"/> Front loader <input type="checkbox"/> Side Loader <input type="checkbox"/> Rear loader <input type="checkbox"/> Other (describe):
Vehicle Tare Weight:	Vehicle Number:
License Plate Number:	License Plate State:
<i>Hauler's Declaration: As the duly authorized and designated representative, I hereby certify for myself and for and on behalf of the hauling company that: 1. The Hauling Company has been advised and instructed concerning working conditions including potential hazards and specified rules as described in (FM-OPS-COR-410-1 Tipping Floor Rules and Procedures for Haulers and Drivers), and 2. The Hauling Company acknowledged that it has read the above-mentioned policy.</i>	
Authorized Hauler Signature:	
Authorized Hauler Name and Title (Printed):	
Date:	
MUNICIPALITY INFORMATION	
Town of Registration:	
Authorized Municipality Signature:	
Authorized Municipality Name and Title (Printed):	
Date:	

Submit completed form to SCRRA – email esawyer@scrrra.org or fax 860-381-8948.

OFFICE USE ONLY
SCRRA Approval (Signature & Date):
Wheelabrator Approval Date:
Wheelabrator Decal #: