



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). 2. The Hauling Company acknowledges that it has read the above-mentioned policy and has communicated this policy to all employees that will deliver to the Facility. 3. A contact person and phone number is listed for the representative of the Hauling Company to whom additional safety and health information can be provided, if needed. 4. The Hauling Company has provided proof of required insurance.</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 office@scrrra.org.

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