



## FEDERAL FACILITIES REFUSE COLLECTION PERMIT APPLICATION

1. Application for:

- Hunters Point Naval Shipyard
- Veterans Hospital-Fort Miley
- Treasure Island Naval Station
- Yerba Buena Island
- Presidio Of San Francisco
- Golden Gate National Recreation Area
- \_\_\_\_\_

Federal Contract Administrator:

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Application Date \_\_\_\_\_  
 Route Number \_\_\_\_\_  
 Contract Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

2. Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_  
 Fax Number \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

(if different) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Emergency Contact (non office hours) \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Contact Person \_\_\_\_\_

4. Type of waste to be collected:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Construction/Demolition     | <input type="checkbox"/> Mixed Municipal      |
| <input type="checkbox"/> Asbestos      | <input type="checkbox"/> Dead Animals                | <input type="checkbox"/> Other, Miscellaneous |
| <input type="checkbox"/> Ash           | <input type="checkbox"/> Industrial                  | <input type="checkbox"/> Sewage Sludge        |
| <input type="checkbox"/> Auto Shredder | <input type="checkbox"/> Liquids including spillages | <input type="checkbox"/> Tires                |
|  | <input type="checkbox"/> Medical                     | <input type="checkbox"/> Wood Mill            |

5. Permittee, or if Corporation, specify corporation name and list principal officers (attach additional sheets if necessary).

- Sole Owner
- Partnership-list all names
- Corporation-list officer's names

I hereby acknowledge that I have read this application and certify that the information given is true and accurate to the best of my knowledge. I agree to comply with the conditions of the permit and with federal, state and local enactments.

6. Signatures of Applicants/Officers

Signature	Title	Signature	Title
Signature	Title	Signature	Title

### FOR OFFICIAL USE ONLY

- |   |  |
|---|--|
| 1. Date Received:                             |  |
| 2. Received By:                               |  |
| 3. Director's Meeting (5 days):               |  |
| 4. Completeness Notification (15 days):       |  |
| 5. Public Notification Date (within 12 days): |  |
| 6. Public Hearing Date (30 days after #4):    |  |
| 7. Final Action Date (30 days after #6):      |  |
| 8. Approval Date (15 days after #7)           |  |