

Additional Vehicle Information

Name of business: _____ Type of business: Waste Hauler Tire Hauler Infectious Waste

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

Vehicle License Plate Number:

Vehicle Weigh Capacity:

Vehicle Make/Year:

Vehicle General Description:

Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

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Vehicle # _____ **Office Use:** **Permit #** _____ **Date Assigned** _____

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Vehicle Make/Year:

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Vehicle Make/Year:		Vehicle General Description:	