



Metropolitan Council Environmental Services
 Industrial Waste & Pollution Prevention Section
 390 North Robert Street
 St. Paul, MN 55101-1805

For MCES Use Only	
Permit Number:	_____
Staff:	_____
Date Received:	_____

Vehicle Identification Form

Liquid Waste Hauler

Waste Hauler (Permittee) Information:

Company Name: _____ Permit #: _____

Address: _____

Contact Person: _____ Phone #: _____

Vehicle Information:*

The following vehicle(s) have been ADDED REMOVED from the Company's fleet:

License Number	Chassis Make	Year	Cab Color	Tank Color	Capacity (Gallons)

If vehicles have been added, please complete the remaining portion of this form and enclose a photograph of each new vehicle:

Date of Purchase: _____

Company lettering or logo has been placed on the vehicle(s)?: Yes No

If **NO**, please indicate the approximate date that it will be done: _____

Permittee Signature: _____ Date: _____

** Vehicle certificates (and access cards, if appropriate) will be forwarded following submittal of this form to the MCES.*