



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION



Bureau of Waste Management

Waste Transportation Safety Program

Paper Addendum

Act 90 Authorization

Add or Delete Vehicles

or

Replace Cab Cards and Stickers

Addendum Facts

- Cab Card and Stickers added using the Addendum form will expire on the same day as your current vehicles. If the addendum to add vehicles is within 120 days of expiration, the forms may be returned with a request to submit a renewal.
- Download Paper Addendum form at [Municipal and Residual Waste Transportation Authorization Application Forms](#)
- Once approved, stickers take 10-14 days to print and ship.
- For faster service complete an Addendum online in DEP's Greenport at www.depgreenport.state.pa.us

Addendum Form

2560-PM-BWM0015c Rev. 11/2011
Addendum



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

MUNICIPAL & RESIDUAL WASTE TRANSPORTER ADDENDUM FORM

Sample
Application
Only

WH Number (Required):					
Name of Hauler (Required) (Prior Name if this is a Name Change):					
APPLICANT INFORMATION CHANGE					
The Department must be notified of all changes to Name, Business Address, Mailing Address and Phone Number. The Business Address must be a Street Address.					
Applicant Name _____					
Business Street Address _____					
City _____		State _____		Zip + 4 _____	
Country _____					
Applicant Contact Name _____					
Title _____		Last _____		First _____ MI _____	
Telephone (_____) _____			Email Address _____		
Mailing Address (if different from the Business Address) (if multiple mailing addresses, please contact DEP noted on page 3)					
Mailing Address _____					
City _____		State _____		Zip + 4 _____	
Country _____					
STICKER OR CAB CARD REPLACEMENT					
Replacement Reason: A. Lost B. Stolen C. Damaged D. VIN Correction					
For each sticker or cab card replacement, enter the Replacement Reason, VIN, GVW, Type and Fee Amount.					
Reason	Vehicle Identification Number (VIN) Incorrect	Vehicle Identification Number (VIN) Correct	Gross Vehicle Weight	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1.					
2.					
3.					
4.					
Total Replacement Fee Amount:					\$ _____
For Department Use Only		Total Amount Enclosed:	Date:		
Client ID:		Waste Hauler ID:	Initials:		

Do Not Fill Out

The addendum form is used to add or delete vehicles or replace stickers or cab cards

For faster service complete an Addendum online in DEP's Greenport at

www.depgreenport.state.pa.us



WH#, Hauler Name & Applicant Information Change

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APPLICANT INFORMATION CHANGE

The Department must be notified of all changes to Name, Business Address, Mailing Address and Phone Number. The Business Address must be a Street Address.

Applicant Name _____
Business Street Address _____
City _____ State _____ Zip + 4 _____ Country _____
Applicant Contact Name _____ Title _____ Last _____ First _____ MI _____
Telephone (_____) _____ Email Address _____
Mailing Address (if different from the Business Address) (if multiple mailing addresses, please contact DEP noted on page 3)
Mailing Address _____
City _____ State _____ Zip + 4 _____ Country _____

STICKER OR CAB CARD REPLACEMENT

Replacement Reason: A. Lost B. Stolen C. Damaged D. VIN Correction

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1.					
2.					
3.					
4.					

Total Replacement Fee Amount: \$

For Department Use Only	Total Amount Enclosed:	Date:
Client ID:	Waste Hauler ID:	Initials:

Do Not Fill Out

WH# and Name of Hauler - If there is a name change use the old name

Complete ONLY for Applicant Information CHANGE

NEW Applicant Name

Business Street Address

- Physical location of the business

Applicant Contact Name

- Contact name for questions

Mailing Address (if different)

- Where the stickers and cab cards will be mailed to

Sticker or Cab Card Replacement

Sample
Application
Only

Replacement Reason:

Include:

- Reason
- Vins
 - Contain 17 Characters if manufactured after 1981
 - Will not contain letters I, O or Q
- Gross Vehicle Weight (GVW)
- Type
 - Truck (TK)
 - Truck Tractor (TT)
 - Waste Trailer (WT)
- Dollar Amount and Total

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
ADDENDUM FORM**

WH Number (Required): _____

Name of Hauler (Required) (Prior Name if this is a Name Change): _____

APPLICANT INFORMATION CHANGE

The Department must be notified of all changes to Name, Business Address, Mailing Address and Phone Number. The Business Address must be a Street Address.

Applicant Name _____

Business Street Address _____

City _____ State _____ Zip + 4 _____ Country _____

Applicant Contact Name _____ Title _____ Last _____ First _____ MI _____

Telephone (____) _____ Email Address _____

Mailing Address (if different from the Business Address) (if multiple mailing addresses, please contact DEP noted on page 3)
Mailing Address _____

City _____ State _____ Zip + 4 _____ Country _____

STICKER OR CAB CARD REPLACEMENT

Replacement Reason: A. Lost B. Stolen C. Damaged D. VIN Correction

For each sticker or cab card replacement, enter the Replacement Reason, VIN, GVW, Type and Fee Amount.

Reason	Vehicle Identification Number (VIN) Incorrect	Vehicle Identification Number (VIN) Correct	Gross Vehicle Weight	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1.					
2.					
3.					
4.					
Total Replacement Fee Amount:					\$

For Department Use Only

Total Amount Enclosed: _____ Date: _____

Client ID: _____ Waste Hauler ID: _____ Initials: _____

- 1 -

Do Not Fill Out



- Incorrect VINs
 - Contain 17 characters if vehicle is manufactured after 1981
 - Will not contain the letters: I, O or Q
- Incorrect Gross Vehicle Weight (GVW)
 - Can be found on the vehicle's registration or title
- Business Address must be a street address
- Country, not county

VIN Addition

Write the Applicant name and the WH# at the top.

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Sample Application Only

Make Additional Copies of this Page if Necessary Applicant Name _____ WH# _____

VIN ADDITIONS			
Vehicle Identification Number (VIN)	*Gross Vehicle Weight	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Addition Fee Amount:			\$

*TK=Greater than 17,000 lbs, TT=Greater than 17,000 lbs and WT=Greater than 10,000 lbs are eligible for Authorization. If you have purchased a vehicle from another Hauler, please ensure that the other Hauler has contacted DEP to delete the VIN from their fleet before adding to your fleet.

VIN DELETIONS
Vehicle Identification Number (VIN)
1.
2.
3.

INSURANCE INFORMATION			
Only required for VIN Additions: Please enter the insurance information for the vehicles for which you are requesting authorization in the VIN ADDITION section listed above.			
Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date

VIN Addition

- VIN #
 - Contains 17 characters unless manufactured before 1981
 - Will not contain the letters I, O or Q
- Gross Vehicle Weight
- Vehicle Type
 - Truck (TK)
 - Truck Tractor (TT)
 - Waste Trailer (WT)
- Dollar Amount and Total

Do Not Fill Out



VIN Deletion

Write the Applicant name and the WH# at the top.

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Sample Application Only

Make Additional Copies of this Page if Necessary Applicant Name _____ WH# _____

VIN ADDITIONS			
Vehicle Identification Number (VIN)	*Gross Vehicle Weight	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Addition Fee Amount: \$

*TK=Greater than 17,000 lbs, TT=Greater than 17,000 lbs and WT=Greater than 10,000 lbs are eligible for Authorization. If you have purchased a vehicle from another Hauler, please ensure that the other Hauler has contacted DEP to delete the VIN from their fleet before adding to your fleet.

VIN DELETIONS
Vehicle Identification Number (VIN)
1.
2.
3.

INSURANCE INFORMATION

Only required for VIN Additions: Please enter the insurance information for the vehicles for which you are requesting authorization in the VIN ADDITION section listed above.

Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date

VIN Deletion

- VIN #
 - Contains 17 characters unless manufactured before 1981
 - Will not contain the letters I, O or Q

No fee for VIN deletions

Do Not Fill Out



Insurance Information

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Sample Application Only

Make Additional Copies of this Page if Necessary

Applicant Name _____ WH# _____

Required for Lost, Damage,
Stolen and Additions VINs:

- Insurance Company Name
- Policy Number
- Policy Effective Date
- Policy Expiration Date

- If the insurance policy is expired the application will be returned for valid insurance expiration dates.

VIN ADDITIONS			
Vehicle Identification Number (VIN)	*Gross Vehicle Weight	Vehicle Type TK=Truck TT=Truck Tractor WT=Waste Trailer	Amount TK=\$100 TT=\$50 WT=\$50
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Addition Fee Amount: \$

*TK=Greater than 17,000 lbs, TT=Greater than 17,000 lbs and WT=Greater than 10,000 lbs are eligible for Authorization. If you have purchased a vehicle from another Hauler, please ensure that the other Hauler has contacted DEP to delete the VIN from their fleet before adding to your fleet.

VIN DELETIONS
Vehicle Identification Number (VIN)
1.
2.
3.

INSURANCE INFORMATION			
Only required for VIN Additions: Please enter the insurance information for the vehicles for which you are requesting authorization in the VIN ADDITION section listed above.			
Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date

Do Not Fill Out



Page 2 Common Errors

- VINs
 - Contain 17 characters if vehicle is manufactured after 1981
 - Will not contain the letters: I, O or Q
- Missing gross vehicle weight
- Vehicle doesn't meet Act 90 requirements
 - Greater than 17000 pounds for Trucks and Truck Tractors
 - Greater than 10000 pounds for Waste Trailers
- Incorrect Vehicle Type
 - Should match vehicle registration or title
- Insurance information has expired
- Incorrect Total Fee amount

Certification Page

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CERTIFICATION

I consent to the Department's use of the mailing address provided herein, for service by first class mail of all requests and actions taken by the Department of Environmental Protection. I consent that mail service satisfies all requirements for service unless and until I notify the Department by certified mail of any change of mailing address.

I certify that the applicant is either the owner of these vehicles or currently has a valid contract with the owner of these vehicles to exclusively use the vehicles to transport municipal or residual waste.

I certify that these vehicles have current safety inspections with a certificate of inspection valid for the base registration state and/or federal requirements for interstate commerce.

I certify that these vehicles have insurance that meets the minimum state and/or federal requirements for financial responsibility for intrastate or interstate operation.

I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

Print Name of Responsible Person

Title

Signature

Date

Contact DEP

Via phone: 717-783-9258

Or Send To:

USPS Mail

PA Department of Environmental Protection
Bureau of Waste Management
Division of Reporting and Fee Collection
Rachel Carson State Office Building
P.O. Box 8550
Harrisburg, PA 17105-8550

Courier

PA Department of Environmental Protection
Bureau of Waste Management
Division of Reporting and Fee Collection
Rachel Carson State Office Building
400 Market Street, 14th Floor
Harrisburg, PA 17101

Attached is a check or money order made payable to the "Commonwealth of Pennsylvania" for the total fee amount calculated on Pages 1 and 2.

Sample Application Only

Do Not Fill Out

Read and complete every part of this section.

Requires:

- Printed Name
- Title
- Signature
- Date

The USPS address is for regular mail.

The Courier address is to overnight it to the Program.

Include a check or money order for the total amount made out to:

Commonwealth of Pennsylvania



Page 3 Common Errors

- Missing printed name, signed name, date or title
- Incorrect check amount or date
- Incorrect Vehicle Type
- Checks not signed
- Check or money order must be made out to:
 - Commonwealth of Pennsylvania

If you have additional questions please contact
DEP Waste Management at 717-783-9258 or
email ra-wtsp@pa.gov