



## SEPTAGE HAULER LICENSE APPLICATION

Applicant must complete and submit this application, the attached vehicle information sheet, and all associated fees (\$100 for the first vehicle, then \$50 for each additional vehicle). License application must be submitted yearly, with a due date of October 31<sup>st</sup>. Applications received after November 30<sup>th</sup> will be subject to a \$100 late fee, or a \$200 fee if submitted after December 31<sup>st</sup>.

Company Name:		Company Phone:
		Company Email:
Company Address:		
Mailing Address:		
Contact Person:		Contact Phone:
		Contact Email:
Owner:		Owner Phone:
		Owner Email:
Federal Employer ID Number (EIN):	MDE On-Site Wastewater Professional License #:	Please attach the following: <ul style="list-style-type: none"><li>○ Proof of Liability Insurance</li><li>○ Worker's Compensation Statement</li></ul>
Number of Vehicles:		Fee: <ul style="list-style-type: none"><li>○ First Vehicle = \$100</li><li>○ Plus Each Additional Vehicle _____ x \$50</li></ul>

Applicant Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once this application, accompanying forms and fees have been received, the Somerset County Health Department will contact you to arrange for an inspection to be conducted at the Health Department in Westover, MD. During the inspection, the vehicle must be at least half full of septage. The vehicle must have the name of the septage hauler in legible print, at least 3" high, on both sides of the vehicle. On the rear of the vehicle the words "Sewage Only" must be lettered at least 4" high. See COMAR 26.04.02.09 for reference. Please contact the Environmental Health office at 443-523-1700 for any questions.

**All fees are due at time of application and are a non-refundable filing and processing fee.**

## Septage Hauler Vehicle Information Sheet

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

• Vehicle Tag #: \_\_\_\_\_ Gallons: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Please include information for all vehicles providing septage hauling service in Somerset County.  
If additional space is needed, please copy this form or provide information on a separate sheet.



## Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must submit a statement of compliance listing a workers' compensation insurance policy or binder number, or provide a Certificate of Compliance obtained from the Maryland Workers Compensation Commission (WCC).

To obtain a waiver, exclusion form or certificate of compliance from the WCC, please visit their website at <https://comphub.wcc.state.md.us/>.

Please check the box of the option below which applies to you, provide the requested information, sign and date the form, and return it with your application.

- ☐ I have workers' compensation insurance:
- Insurance Company \_\_\_\_\_  
Policy or Binder Number \_\_\_\_\_
- ☐ A waiver has been received from the Workers' Compensation Commission.  
(ATTACH A COPY OF THE WAIVER)
- ☐ I am exempt from having workers' compensation insurance per Maryland Labor and Employment Code Ann §9-206. (ATTACH A COPY OF THE EXCLUSION FORM)
- ☐ I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)
- ☐ I have no employees; I am not required to carry workers' compensation insurance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date