



# HAULER DISCHARGE LICENCE APPLICATION FORM

1. A copy of Bylaw 1732 can be obtained at the Regional District of Nanaimo office or website.
2. By submitting this application, the owner confirms that they have read, understand, and agree to the provisions of Bylaw 1732.
3. The information provided in this application is deemed to be an integral part of the Licence. Providing incorrect, false, or misleading information in this application may result in the rejection of this application, or the suspension or termination of a Licence.
4. All costs associated with obtaining, maintaining, amending, suspending, or terminating a Licence are at the sole expense of the Hauler.

## PART 1 – OWNER/DIRECTOR/MANAGER INFORMATION:

<i>FULL NAME</i>		<i>POSITION TITLE</i>	
<i>PHONE</i>	<i>MOBILE</i>	<i>EMAIL</i>	

## PART 2 – ADDITIONAL OWNER, EMPLOYEE, OR KEY PERSONNEL (OPTIONAL):

<i>FULL NAME</i>		<i>POSITION TITLE</i>	
<i>PHONE</i>	<i>MOBILE</i>	<i>EMAIL</i>	

## PART 3 – EMERGENCY CONTACT:

<i>FULL NAME</i>		<i>POSITION TITLE</i>	
<i>PHONE</i>	<i>MOBILE</i>	<i>EMAIL</i>	

## PART 4 – BUSINESS INFORMATION:

<i>BUSINESS NAME – BC REGISTERED NAME</i>		
<i>BUSINESS NAME – COMMONLY USED (IF DIFFERENT FROM ABOVE)</i>		
<i>PHONE</i>	<i>FAX</i>	<i>EMAIL</i>
<i>FULL ADDRESS</i>		
<i>FULL MAILING ADDRESS (IF DIFFERENT)</i>		

**PART 5 – FLEET DESCRIPTION (APPEND ADDITIONAL SHEET IF MORE ROOM NEEDED):**

	VEHICLE LICENCE PLATE NUMBER	TANK VOLUME	MAXIMUM LOAD VOLUME	CVIP DECAL NUMBER	CVIP EXPIRY DATE
1					
2					
3					
4					
5					
6					
7					
8					

**PART 6 – DECLARATION:**

By signing below, the applicant declares that all information provided in this application is complete and true to their knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
NAME (PRINTED CLEARLY)

**ORIGINAL SIGNATURE REQUIRED. Emailed or faxed forms are not accepted. In-person drop off or paper mail only.**  
*Submission of this application does not permit the use of Regional District trucked liquid waste receiving facilities.  
 Any changes or updates to the information provided in this application must immediately be submitted to the Regional District.*

**Submit application to:**  
 Wastewater Services Department  
 Regional District of Nanaimo  
 6300 Hammond Bay Road  
 Nanaimo, BC V9T 6N2