



# HAULER DISCHARGE LICENCE APPLICATION FORM

1. A copy of [Trucked Liquid Waste Bylaw No. 1732](#) can be obtained at the Regional District of Nanaimo office or website.
2. Septage haulers must be licenced to use an RDN septage facility. To apply for a licence, you must complete the [Application for Credit](#) with the RDN to set up an account.
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 – CONTACT INFORMATION:

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

<i>OPTIONAL: SECONDARY CONTACT (e.g., additional owner, employee, emergency contact)</i>		
<i>FULL NAME</i>		<i>POSITION TITLE</i>
<i>PHONE</i>	<i>MOBILE</i>	<i>EMAIL</i>

## PART 2 – BUSINESS INFORMATION:

<i>BUSINESS NAME – BC REGISTERED NAME</i>		
<i>BUSINESS NAME – COMMONLY USED (IF DIFFERENT FROM ABOVE)</i>		
<i>PHONE 1</i>	<i>PHONE 2</i>	<i>EMAIL</i>
<i>FULL ADDRESS</i>		
<i>FULL MAILING ADDRESS (IF DIFFERENT)</i>		

**PART 3 – 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 4 – DECLARATION:**

By signing below, I declares that:

1. I have read, understand, and agree to the provisions of Bylaw 1732, and
2. All information provided in this application is complete and true to my knowledge.

\_\_\_\_\_  
SIGNATURE

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

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

*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  
[rcu@rdn.bc.ca](mailto:rcu@rdn.bc.ca)