LICENSE FOR SEWAGE HAULER AND OLDS HAULER

Date _____

Business Name: _____ Phone #_____

Address: _____

Email Address: _____

Person Applying: _____

Number of Trucks: _____ Tank Size: _____ Years in Business: _____

State License: _____ Cell #: _____

YOU MUST SUBMIT WITH THIS APPLICATION WITH COPIES OF THE FOLLOWING:
1. Copies of Bucks County Department of Health Sewage Vehicle License for each vehicle.
2. PA DEP Residential Septic Hauler Registration.
3. Liability Insurance policy – minimum One Million Dollars $1,000,000.00 which policy shall be effective for one (1) year from the date of application with Upper Makefield Township as the certificate holder.
4. Workman's Compensation Certificate.
5. Annual Fee in the amount of $200.00. The Township accepts Visa, MasterCard, American Express, cash or check made payable to Upper Makefield Township.

I HEREBY CERTIFY THE FOLLOWING TO BE TRUE:
1. All trucks must have a pump that can reverse flow.
2. All trucks must have a mirror or reflection device and light to check tanks without entering them.
3. All drivers hold a CDL license.
4. A sewage hauler or inspector who registers with the Township shall agree in writing to abide by the regulations and procedures of this part:

a) Revocation of Statues of Registered Sewage Hauler/Inspector. The Township may revoke the registration made hereunder if the registration was made fraudulently or by making a false statement or statements of a material fact, which, if disclosed at the time of registration would have disqualified the registrant. The Township may also revoke a registration if the sewage hauler/inspector violates the regulations and procedures of PADEP, BCDH or of this part.

b) Registration under this part shall not confer upon the sewage hauler/inspector any status as an employee or independent contractor of the Township, and payment for services rendered to the sewage hauler/inspector shall be by the owner, operator or custodian of the system being pumped.

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Signature of Applicant

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