

HAZARDOUS WASTE GENERATOR LICENSE APPLICATION & MANAGEMENT PLAN

Any business or government agency that generates hazardous waste must apply for a hazardous waste generator license within 75 days of generating waste.

SUBMIT THE FOLLOWING TO: RamseyHazWaste@co.ramsey.mn.us or mail to the address listed above.

- Signed license application
- Management plan(s)
- [Certificate of Compliance](#)

HAZARDOUS WASTE GENERATOR INFORMATION

Hazardous Waste Identification Number (HWID):				
Generator Name (Business Name):				
Generator Site Address:		City:	State: MN	Zip Code:
Property Owner:	Address:		Phone:	
North American Industry Classification System (NAICS) Code:				

CORRESPONDENCE

Site

Site Contact:	Title:	Phone:	Email:
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Mailing

Mailing Contact:	Title:	Phone:	Email:	
Mailing Address:		City:	State:	Zip Code:

Billing

Billing Contact:	Title:	Phone:	Email:	
Billing Address:		City:	State:	Zip Code:

Emergency

Emergency Contact:	Title:	Phone:	Email:
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CERTIFICATION

I certify under penalty of the law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I hereby apply for a Ramsey County Hazardous Waste Generator License subject to all conditions and provisions of MN Rules 7045 and the Ramsey County Hazardous Waste Management Ordinance.

Applicant's Name:	Applicant's Title:
Applicant's Signature:	Date:

COUNTY USE ONLY				
Reviewing Inspector:	Date:	License Year:	<input type="checkbox"/> Already Created in DHD	
Generator Size: <input type="checkbox"/> VSQG <input type="checkbox"/> SQG <input type="checkbox"/> LQG	Industry Type:	Risk Category: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Generator Fee Category: <input type="checkbox"/> Self-Audit (Silver only); PHF/CHR <input type="checkbox"/> Self-Audit; DDS <input type="checkbox"/> "N" Salvage Yard, Non-crushing <input type="checkbox"/> "C" Salvage Yard, Crushing <input type="checkbox"/> Exempt (no license fee)				
Application Fee: <input type="checkbox"/> Auto salvage yards <input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> VSQG (11-264 gallons) <input type="checkbox"/> VSQG (≤ 10 gallons) <input type="checkbox"/> Self-Audit (silver only) <input type="checkbox"/> Self-Audit (other) <input type="checkbox"/> Late registration penalty				
Comments:				
ADMIN USE ONLY				
Date Received:	Invoice Amount:	DHD License #:	Fee Statement #:	Entered By:

MANAGEMENT PLAN

Complete a column for each [hazardous waste](#), including [used oil and related waste](#), and [universal waste](#). Additional forms - [Management Plan](#)

Generator Name (Business Name):
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	Column 1	Column 2
(COUNTY USE ONLY)	H E N	H E N
Waste Name		
4-Digit Hazardous Waste Code(s)		
Month/Year Waste First Produced		
Physical State (Check One)	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or Process of Generation		
Amount Produced in the Previous Calendar Year		
Estimated Amount of Waste to be Produced in a One-Year Period		
On-Site Management		
Management Method (Check One)	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as Fuel <input type="checkbox"/> Neutralize, Sewer <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as Fuel <input type="checkbox"/> Neutralize, Sewer <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Other: _____
Off-Site Management		
Transporter Name		
Transporter ID Number		
Designated Facility Name		
Designated Facility ID Number		
Designated Facility Management Method (Check One)	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____

MANAGEMENT PLAN

Complete a column for each [hazardous waste](#), including [used oil and related waste](#), and [universal waste](#). Additional forms - [Management Plan](#)

Generator Name (Business Name):
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	Column 3	Column 4
(COUNTY USE ONLY)	H E N	H E N
Waste Name		
4-Digit Hazardous Waste Code(s)		
Month/Year Waste First Produced		
Physical State (Check One)	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Sludge
Source or Process of Generation		
Amount Produced in the Previous Calendar Year		
Estimated Amount of Waste to be Produced in a One-Year Period		
On-Site Management		
Management Method (Check One)	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as Fuel <input type="checkbox"/> Neutralize, Sewer <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Accumulate <input type="checkbox"/> Burn as Fuel <input type="checkbox"/> Neutralize, Sewer <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Other: _____
Off-Site Management		
Transporter Name		
Transporter ID Number		
Designated Facility Name		
Designated Facility ID Number		
Designated Facility Management Method (Check One)	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Treat, Sewer <input type="checkbox"/> Incineration <input type="checkbox"/> Recycle <input type="checkbox"/> Other: _____