



THE CITY OF NEW YORK
 BUSINESS INTEGRITY COMMISSION
 100 CHURCH STREET, 20TH FLOOR
 NEW YORK, NEW YORK 10007

APPLICATION FOR CLASS 1 SELF HAULER REGISTRATION

-----OFFICE USE ONLY-----

APPLICATION #: _____ DATE RECEIVED: _____

RECEIVED BY: _____

PART I – APPLICANT BUSINESS IDENTIFYING INFORMATION

*1. Name of applicant business. Also list trade name or doing business as (d/b/a) name, if different:

Business Name: _____

Trade Name: _____

*2. Main Office: _____

*3. Mailing Address: _____

*4. Garage Address: _____

*5. Business telephone number(s): _____

*6. Fax Number: _____ *7. Cellular Number: _____

*8. Electronic Addresses:

Website: _____ E-mail Address: _____

*** (Asterisk) denotes material information on the application. Any material change in the information shall be reported to the Business Integrity Commission, in a notarized writing, within ten (10) calendar days thereof.**

Tax ID or SSN: _____

Page _____ of Pages _____

*9. **Agent for Service of Process in New York City.** State the name, address, and telephone number of the person of suitable age and discretion who shall be designated as applicant business' agent for service of process in New York City. **The agent for the service of process must be located within the five boroughs of New York City.**

Name: _____

Address: _____

Telephone No.: _____ Fax Number: _____

10. **Type of Organization** (check one):

- a. _____ Sole Proprietorship (i.e., company is not incorporated and does business under the name of a person having ownership interest or under an assumed name, doing business as name, or trade name). **Attach a certified copy of the Certificate of Doing Business filed with the County Clerk.**
- b. _____ Partnership. (Check one). **Attach copy of current partnership agreement and Certificate of Partnership, certified by the County Clerk.**
 - _____ General Partnership
 - _____ Limited Partnership (L.P.)
 - _____ Limited Liability Partnership (L.L.P.)
- c. _____ Corporation. **Attach copy of the Certificate of Incorporation filed with the Secretary of State.**
- d. _____ If not one of the above, describe the applicant business

*11. If applicant business is a corporation, provide the tax identification number(s), or if a partnership or sole proprietorship, provide the social security numbers of all principals.

*12. **CURRENT PRINCIPALS OF APPLICANT BUSINESS – SCHEDULE A.** On Schedule A, identify all individuals who are principals of applicant business and provide the information requested.

13. **PAST PRINCIPALS OF THE APPLICANT BUSINESS – SCHEDULE B.** On Schedule B, identify all individuals who have been principals of applicant business at any point during the past ten (10) years and provide the information requested.

Tax ID or SSN: _____

2

Page _____ of _____ Pages

*14. Has the applicant business, any of its parents, subsidiaries, affiliates or any of the applicant's principals ever had a license, permit, registration or authority to operate from any government agency denied, suspended or revoked?

_____ Yes _____ No

If "yes," provide the following information.

Name of Holder	Date of Denial, Suspension or Revocation	Agency	Reason

*15. Does the applicant business share any office space, staff or equipment, including but not limited to telephone lines, with any other business or organization?

_____ Yes _____ No

If "yes," provide details below, including what is shared, under what terms, and the name(s) of business(es) or individual(s) with whom it is shared.

16. How many individuals (not including principals) does the applicant currently employ? _____

17. Specify the type of business in which the applicant business engages, and the type of waste which will be disposed of.

18. Specify the locations (by name and address) from which the applicant business will be removing trade waste.

Tax ID or SSN: _____

19. Explain how and where applicant business will dispose of the waste collected.

*20. Will the applicant business transport asbestos?

_____ Yes _____ No

If “yes,” **attach a copy of the applicant business’ New York State Department of Environmental Conservation Waste Transporter Permit.**

*21. **VEHICLES – SCHEDULE C.** For each vehicle to be used during the conduct of applicant’s business, list vehicle identification numbers, registration numbers and license plate numbers on Schedule C **and attach a copy of the vehicle registration card and insurance card for each vehicle listed.**

*22. **OPERATOR OF VEHICLES – SCHEDULE D.** For each employee and principal who will operate a vehicle during the conduct of the applicant’s business, provide the operator’s name, driver’s license number, license class and expiration date in Schedule D **and attach a copy of each driver’s license.**

*23. During the past ten (10) years, has the applicant business, or any current principal, or any past principal who was a principal in the last three (3) years of the applicant business, ever been convicted of any misdemeanor or felony in any jurisdiction? Do not include traffic violations.

_____ Yes _____ No

If “Yes,” provide the details below. If additional space is needed, attach page as addendum.

Principal/Business Name	Date of Arrest	Date of Conviction	Indictment No. or Docket No. or Index No.	Charges and Sentence	Court and Jurisdiction

Tax ID or SSN: _____

4

Page _____ of _____ Pages

*24. Are there any misdemeanor or felony charges pending against the applicant business or any principal of the applicant business in any jurisdiction?
 _____ Yes _____ No

If "Yes," provide the details below. If additional space is needed, attach page as addendum.

Principal/Business Name	Date of Arrest	Indictment No., Index No., or Docket No.	Charge	Status	Court and Jurisdiction (County/State)

25. During the past ten (10) years, has the applicant business or any current or past principal of the applicant business been found in violation of the administrative rules or regulations of any municipal, state or federal agency where the violation related to the conduct of a business that removes or recycles trade waste, a trade waste broker business or the operation of a dump, landfill or transfer station where the penalty imposed for the violation resulted in the suspension or revocation of any license, permit or registration, the imposition of a fine of \$5,000 or more or the imposition of an injunction of six (6) months for more?
 _____ Yes _____ No

If "Yes," provide the details below. If additional space is needed, attach page as addendum.

Principal/Business Name	Agency or Court and Docket No.	Nature of the Investigation/Charges	Outcome

Tax ID or SSN: _____

*26. Are there any administrative charges brought by a municipal, state or federal agency, relating to the conduct of a business that removes or recycles trade waste, a trade waste broker business or the operation of a dump, landfill or transfer station, presently pending against the applicant business or any current or past principal of the applicant business where the applicant business or any current or past principal of the applicant business faces the possible sanction of suspension or revocation of any license, permit or registration or where a fine of \$5,000 or more, or an injunction of six (6) months or more could be imposed?

_____ Yes _____ No

If "Yes," provide the details below. If additional space is needed, attach page as addendum.

Principal/Business Name	Agency or Court and Docket No.	Nature of the Investigation/Charges	Outcome

*27. Has judgment been entered against the applicant business or any current or past principal of the applicant business in any civil case related to the conduct of a business that removes or recycles trade waste, a trade waste broker business or the operation of a dump, landfill or transfer station, in any jurisdiction?

_____ Yes _____ No

If "Yes," provide the details below. If additional space is needed, attach page as addendum.

Principal/Business Name	Agency or Court and Docket No.	Nature Action	Opposing Party or Agency	Outcome

Tax ID or SSN: _____

28. Name of the person who prepared or assisted in the preparation of this application. If not a current principal, disclose the person's address.

Name(s): _____

Address(es): _____

Tax ID or SSN: _____

7

Page _____ of _____ Pages

SCHEDULE A – CURRENT PRINCIPALS OF APPLICANT BUSINESS

	Current Principal #1	Current Principal #2
Name (last, first and middle, including maiden name where applicable)		
Home Address		
Home Telephone Number		
Fax Number(s)		
Cellular Number(s)		
E-mail Address		
Date of Birth		
Social Security Number		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (Date)		
To (Date)		
% of Ownership, if applicable		
Number of Shares		
How Ownership Was Acquired		

Tax ID or SSN: _____

SCHEDULE A (cont'd) – PRINCIPALS OF APPLICANT BUSINESS

	Current Principal #3	Current Principal #4
Name (last, first and middle, including maiden name where applicable)		
Home Address		
Home Telephone Number		
Fax Number(s)		
Cellular Number(s)		
E-mail Address		
Date of Birth		
Social Security Number		
Business Address(es)		
Business Telephone Number(s)		
Title or Position		
From (Date)		
To (Date)		
% of Ownership, if applicable		
Number of Shares		
How Ownership Was Acquired		

Tax ID or SSN: _____

SCHEDULE B – PAST PRINCIPALS OF APPLICANT BUSINESS

	Past Principal #1	Past Principal #2
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

Tax ID or SSN: _____

SCHEDULE B (cont'd)– PAST PRINCIPALS OF APPLICANT BUSINESS

	Past Principal #3	Past Principal #4
Name (first, middle and last) Also include maiden name where Applicable		
Home Address		
Home Telephone Number		
Cellular Number		
Date of Birth		
Social Security Number		
Title in Applicant Business		
From (date) to (date)		
Percentage of Ownership		
Number of Shares		
Business Name and Address		
Business Telephone Number		

Tax ID or SSN: _____

SCHEDULE D – VEHICLES USED IN APPLICANT BUSINESS

Type of Vehicle	Manufacturer and Year of Manufacture	VIN Number	Registration Number	License Plate No. and State of Issuance

Tax ID or SSN: _____

CERTIFICATION

This certification must be completed by the applicant and all of its current principals before a notary public.

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A CLASS 1 OR SELF HAULER REGISTRATION. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES AND WILL BE CONSIDERED, IF APPLICABLE, IN THE REVIEW OF YOUR APPLICATION FOR A CLASS 1 REGISTRATION.

I, _____, being duly sworn, state:
(Full Name)

that I am _____ of _____; and
(Title/Position) (Applicant Name)

that I have read and understood the questions contained in the attached application and its attachments, which consists of _____ pages; and

that to the best of my knowledge the information provided in response to each question and in the attachments is full, complete and truthful;

that the New York City Business Integrity Commission and the New York City Department of Investigation may, by any means they or each of them deem appropriate, determine the accuracy and truth of the statements made in this application;

and that all the information submitted is for the express purpose of inducing the Business Integrity Commission to issue the applicant a Class I self hauler registration.

I authorize the Business Integrity Commission and the Department of Investigation to contact any person or entity named in the application for purposes of verifying the information supplied by the Applicant and its principals.

(Signature of Principal)

By: _____
(If corporation or partnership, state title)

Sworn to before me

this _____ day of _____, 20____

Notary Public

Tax ID or SSN: _____

RELEASE AUTHORIZATION FOR APPLICANT

I, _____, am the _____ and a principal of _____
(Print Name) (Title/Position)
_____ (the "Applicant"); I am over the
age of 21 and I have the authority to execute this release on behalf of the applicant.

The applicant has authorized the New York City Business Integrity Commission ("Commission") to conduct an investigation into its background and the background of its principals, affiliates, agents and employees for the purpose of determining whether the applicant meets the registration standards set forth in Local Law 42 of 1996 of the City of New York.

The applicant hereby authorizes any and all of the entities and individuals described below to release to the Commission any and all information, documentary or otherwise, pertaining to the applicant and/or its principals, affiliates, agents and employees as may be requested by the Commission. Any such information may be requested by and released to any employee, agent or representative of the Commission.

The applicant hereby authorizes the release of any such information by any federal, state, local, or foreign government or agency, any private organization or entity, and/or any individual in his or her personal or professional capacity. These entities and individuals include, but are not limited to, accountants, attorneys, banks, bookkeepers, common carriers, courts, credit reporting companies, data systems management companies, educational institutions, employee benefits managers, employees of the applicant, employers of the applicant's principal(s), financial institutions, internet service providers, investigative firms, investment firms, labor unions, law enforcement agencies, media companies, motor vehicle departments, pension funds, probation departments, selective service boards, taxing authorities, telecommunications companies and utilities.

This release shall apply to any such entities and individuals wherever they may be located, within or without the City of New York, State of New York, or United States of America. They may convey information in whatever form and by whatever means requested by the Commission, whether by telephone, fax, mail, computer media or by any other means.

This release authorization is effective for a period of five years as of the date set forth below. A photocopy or fax of this authorization will be construed as valid as though it were the original.

In connection with the release of information pursuant to this authorization, the applicant hereby waives the benefit of any confidentiality agreement and of any privileges pertaining to confidentiality and any rights to privacy that may be accorded by federal, state or local law.

NOTICE TO ENTITIES AND INDIVIDUALS RELEASING INFORMATION: The applicant hereby waives any right to be notified when an entity or individual releases information pursuant to this authorization and hereby authorizes the Commission to direct any such entity or individual not to provide such notification

Sworn to before me

(Signature of Principal)

This _____ day of _____, 20 ____

By: _____
(If corporation or partnership, state title)

Notary Public

2/06

Tax ID or SSN: _____