

**SOLID WASTE/RECYCLING COLLECTOR
MUNICIPAL REGISTRATION FORM**

a. Company Name, Ownership & Location

Company Name: _____

Name or Names of all Company Owners/Partners: _____

Street Address (No PO Boxes): _____

Town, State, Zip Code: _____

Contact Person: _____ Telephone: _____

Cell Phone: _____ E-Mail (required): _____

b. Mailing Address (If different from above)

Company Name: _____

Address: _____

Town, State, Zip Code: _____

c. Type of Business: Sole Proprietor _____ Partnership _____

LLC _____ Corporation _____ Municipality _____

d. Is your company required by law to carry Workers' Compensation Coverage?

Yes _____ No _____

f. Does your company deliver recyclables to RTI? Yes _____ No _____

g. Are you applying for an RTI permit? Yes _____ No _____

h. If your company does not use RTI, where do you tip recyclables the company collects?

i. Do you collect from: Residential Properties? Yes _____ No _____ Commercial Properties?

Yes _____ No _____ Only from your own non-solid waste business? Yes _____ No _____ Other?

Please describe other _____

j. Is your company paid to collect solid waste and/or recycling? Yes _____ No _____
(If you checked "No", please skip all the remaining questions on this form, sign and date.)

k. Do you collect: MSW _____ Recycling _____ C&D _____ Yard Waste _____

Other - Please list _____

l. List all subsidiaries or related solid waste companies operated by the same owner(s):

m. Provide the name and address of all disposal facilities, i.e. transfer stations, recycling processing centers, and/or volume reduction facilities which your company uses or anticipates using for MSW, recycling, C&D, yard waste and/or any other solid waste the company collects, including out of state facilities:

n. The company agrees to report to HRRRA quarterly the tonnage and town of origin of all solid waste, whether MSW, recycling, C&D, or other solid waste, generated within a HRRRA member municipality that is delivered to a solid waste facility that is not permitted by the State of CT, e.g. an out of State transfer station or MRF, an in-state paper mill, etc.? Yes _____ No _____

o. Please list all municipalities in which the company collects MSW, recycling, C&D, yard waste, or other solid waste. The list should include all municipalities in Connecticut and all municipalities in which the company collects in any other State. Attach an additional page if needed.

- p. Are all the vehicles to be operated in the municipality equipped with tarps that will be used to keep loads covered at all times as required by State law? Yes _____ No _____
- q. Are any of the vehicles to be registered operated in interstate commerce and have a gross vehicle weight rating or gross combination weight rating of 10,001 pounds or more? Yes _____ No _____
- r. Do any of the vehicles to be registered operate only in CT and have a gross vehicle weight rating or gross combination weight rating of 18,001 pounds or more? Yes _____ No _____
- s. If you answered Yes to either of the last two questions, please provide the company's USDOT or USDOT CT number: _____
- t. Is the company's USDOT number or USDOT CT number displayed on the company's vehicles as required by law? Yes _____ No _____
- u. Is the company's name displayed on all vehicles as required by State law? Yes _____ No _____

I personally filled out and/or verified the information in this application and attest that all the information herein provided is true and accurate.

Sign Name _____ Print Name _____ Date _____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

_____, the
(Name of Company's Authorized Agent)
undersigned, is the _____ of
(Position of Authorized Agent)
_____, (hereinafter "Collector") and,
(Name of Company)

as such is fully authorized to enter into this Agreement on behalf of the Collector.

The Registrant shall at all times defend, indemnify and hold harmless the City/Town and its respective officers, agents and employees on account of and from any and all claims, damages, losses, judgments, worker's compensation payments, litigation expenses, and counsel fees arising out of injuries to the person(s) (including death) or damage to property alleged to have been sustained by Registrant, or its officers, agents and employees, or (b) the City/Town or its officers, agents and employees, or (c) any other person to the extent such injuries or damages are caused or are alleged to have been caused in part or in whole by acts, omissions or neglect of the Registrant or its officers, agents or employees, or by faulty, defective or unsuitable material or equipment used by it or them.

Signature

Date

Title

ATTESTATION

I hereby certify that the information provided herein and attached hereto is true and correct, that the Registrant will comply with the solid waste, recycling, and litter control ordinances of every municipality with which Registrant has registered, that the Registrant has registered with all municipalities in which it will provide collection services, and that the Registrant will comply with the solid waste, recycling and litter control laws and regulations of the State of Connecticut. I further certify that I am authorized to sign this attestation on behalf of the Permittee.

Signature of Applicant

Title

Date

Witness

Date

MUNICIPAL REGISTRATION FEES

Bethel	\$250 per hauler	Newtown	\$100 per hauler
Bridgewater	\$100 per hauler	Redding	\$500 per hauler
Brookfield	\$25 per hauler	Ridgefield	\$100 per hauler
Danbury	\$100 per hauler	Sherman	\$50 per hauler
Kent	\$100 per hauler		

New Fairfield \$50 per hauler plus \$5 per truck for more than one truck

HRRA cannot provide municipal registration for haulers wishing to work in the Town of New Milford. Such haulers must go to the Mayor's office in the New Milford Town Hall to obtain a registration.

All municipal registrations (except for New Milford) expire June 30th of every year.

You can use one check, made payable to HRRA, for any and all registration fees due in the above municipalities.

CERTIFICATE OF INSURANCE

INSTRUCTIONS

- A. Agent's / Broker's name and address.
- B. Your business name and address.
- C. Name of insurance companies issuing your policies, which companies must meet the requirements set forth in the Procedures.
- D. The minimum insurance coverage you must carry is either Option 1 or Option 2 below:

Option 1

- **Comprehensive General Liability** insurance with a broad form endorsement, a minimum combined single limit coverage for bodily injury and property damage of not less than one million (\$1,000,000.00) dollars on a per occurrence basis and an aggregate of at least two million (\$2,000,000) dollars; and
- **Automobile Liability** insurance covering **all owned, non-owned or hired vehicles** with a minimum combined single limit coverage of not less than one million (\$1,000,000.00) dollars on a per occurrence basis; and
- **Workers' Compensation Insurance** in such amounts as required by Connecticut law or certificate of self-insurance issued by the State of Connecticut's Board of Compensation Commissioners pursuant to Section 31-284 of the Connecticut General Statutes; and
- **Employer's Liability Insurance** with a minimum combined single limit coverage of not less than five hundred thousand (\$500,000.00) dollars.

Option 2

- **Umbrella /Excess Liability Insurance** with coverage of one million (\$1,000,000.00) dollars per occurrence, underlying both general liability and automobile liability insurances; and
- **Comprehensive General Liability** insurance with a broad form endorsement, a minimum combined single limit coverage for bodily injury and property damage of

not less than five hundred thousand (\$500,000.00) dollars on a per occurrence basis and an aggregate of at least one million (\$1,000,000) dollars; and

- **Automobile Liability** insurance covering **all owned, non-owned or hired vehicles** with a minimum combined single limit coverage of not less than five hundred thousand (\$500,000.00) dollars on a per occurrence basis; and
- **Workers' Compensation Insurance** in such amounts as required by Connecticut law or certificate of self-insurance issued by the State of Connecticut's Board of Compensation Commissioners pursuant to Section 31-284 of the Connecticut General Statutes; and
- **Employer's Liability Insurance** with a minimum combined single limit coverage of not less than one hundred thousand (\$100,000.00) dollars.

- E. The municipality must be listed as additional insureds on all policies except those for workers' compensation and employer's liability insurance.
- F. The Named Insured must include the name of the Company to be registered by the municipality as well as the owner's name listed on the motor vehicle registration of any and all permitted vehicles.
- G. Municipality must receive notice at least 30 days prior to cancellation of insurance policies.
- H. Municipality must have the original certificate bearing the original signature.
- I. Send certificates of insurance to:

Housatonic Resources Recovery Authority
Old Town Hall
162 Whisconier Road
Brookfield, CT 06804