

**HRRA Permit, WINTERS Permit
and Municipal Registration**

DO NOT LEAVE ANY QUESTIONS BLANK, if not applicable write N/A

a. *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): _____

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**

e. HRRA Transfer Stations Used: Danbury Newtown Ridgefield

f. Does your company deliver recyclables to WINTERS? **Yes** **No**

g. Are you applying for a WINTERS permit? **Yes** **No**

h. If your company does not use WINTERS, 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, recycling, C&D, and/or organics? **Yes** **No**

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- k. * Do you collect: MSW Dual Stream Recycling C&D Single Stream Recycling
Yard Waste Organics (Food Scrap) Bulky Waste Other Please list other:
- l. List all subsidiaries or related solid waste companies operated by the same owner(s):
- m. * Provide the name and address of all **non-HRRA 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. * As required by state law, the company agrees to report to each municipality with which it is registered or to HRRA in their stead: (a) the types of solid waste, including recyclables, generated within each municipality and collected by the company, (b) the name, location and contact information for the first destination where such solid waste, including recyclables, was delivered by the collector during the previous fiscal year, (c) the types and actual or estimated amounts of such solid waste, including recyclables, directly delivered to an out-of-state destination or to an end user or manufacturer in the state, and (d) such additional information as the Commissioner of the Department of Energy and Environmental Protection deems necessary. The company further agrees that such reports shall be submitted annually, on or before July 31st, for solid waste collected during the prior fiscal year, on a form prescribed by the Commissioner.
Yes *(Such reports to be filed with HRRA as part of the annual registration renewal.)*
- o. * As required by state law, **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 permitted and/or registered equipped with tarps that will be used to keep loads covered at all times as required by State law?
Yes
- q. Can all the vehicles to be permitted and/or registered be automatically tipped at the transfer station or at WINTERS without the driver exiting the vehicle, as required by transfer station regulations? **Yes**
- r. * Do any of the vehicles to be permitted operate in interstate commerce and have a gross vehicle weight rating or gross combination weight rating of 10,001 pounds or more? **Yes** **No**

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- s. * Do any of the vehicles to be permitted operate only in CT and have a gross vehicle weight rating or gross combination weight rating of 18,001 pounds or more? **Yes No**
- t. * If you answered Yes to either of the last two questions, please provide the company's USDOT or USDOT CT number: #: _____ **N/A**
- u. * Is the company's USDOT number or USDOT CT number displayed on the company's vehicles as required by law? **Yes No N/A**
- v. * Is the company's name displayed on all vehicles as required by State law? **Yes**
- w. Does the company agree to deliver all MSW generated by and collected from a HRRRA member municipality to one of the three transfer stations in the HRRRA system? **Yes No**
- x. Does the company agree to deliver recyclables generated from and collected within a HRRRA member municipality to WINTERS? **Yes No**
- y. * Does the company agree to deliver recycling tonnage as generated from and collected from municipal and school facilities in all HRRRA municipalities to WINTERS? **Yes No**
- z. Does the company agree to notify HRRRA at the time of sale of existing assets or purchase of new assets that have or will need HRRRA or WINTERS permits or municipal registrations, a change in the ownership of said company as listed in item (a) above, a company/business name change, and/or the dissolution of any company/business registered to collect in any HRRRA municipality. **Yes, I agree** *(HRRRA permit requires agreement.)*
- aa. * Are all the drivers who will collect or transport solid waste in any HRRRA municipality legally permitted to operate the applicable motor vehicle in the State of CT? **Yes**
- bb. * Are all the Company's employees who will collect and/or work within any HRRRA municipality legally able to work in the United States? **Yes**
- cc. Does the company agree to offer unit base pricing (also known as PAYT or SMART) charging customers three levels of pricing based on the number of MSW bags, number of containers or size of containers? *In order to provide the appropriate financial incentive and protect haulers financially, variable volume prices should reflect a clear advantage to the consumer to reduce their volume of MSW and increase recycling.* **Yes No**

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

Sign Name of Company's Authorized Agent

Print Name

Date

*Question or information required as a matter of law or to determine compliance with law.

**TRANSFER STATION ACCESS AGREEMENT and
RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

FORM B

_____, 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.

As a condition for receiving a permit to haul Acceptable Waste to the Transfer Station(s), operated on behalf of HRRRA, the undersigned Collector hereby understands and agrees that the Collector proceeds at the Transfer Station(s) at its own risk, and agrees to comply with the provisions of Chapter 446d of the Connecticut General Statutes applicable to collectors of solid waste, regulations of the Connecticut Department of Energy and Environmental Protection and the Rules and Regulations as currently adopted by the Housatonic Resources Recovery Authority (HRRRA), Wheelabrator CT (WES), Winters Bros. Transfer Stations of CT, LLC (WINTERS) or the Transfer Station operator(s), as may be amended from time to time. Collector acknowledges that he has received, read, and understands the Rules and Regulations and further agrees that all obligations assumed by the Collector pursuant to the Rules and Regulations are binding upon the Collector and are subject to enforcement by WES, WINTERS, their agents, and the Housatonic Resources Recovery Authority, and further agrees that:

The Collector shall at all times defend, indemnify and hold harmless the Authority, any Operator, any Municipality that is a member of the Authority, and their 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 (a) Collector, or its officers, agents and employees, or (b) the Authority, any Operator, or their respective officers, agents and employees, or (c) the Authority, Municipality, or any of their officers, agents and employees, or (d) 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 Collector or its officers, agents or employees, or by faulty, defective or unsuitable material or equipment used by it or them.

Signature

Title

Date

SWORN AFFIDAVIT

I hereby certify under penalty of perjury that the information provided herein (in Forms A, B, C and D), in the certificates of insurance and in the Annual Municipal Solid Waste Reporting forms and attached hereto is true and correct, that, as a condition of the issuance of each municipal registration for which the Permittee/Registrant has applied, the Permittee/Registrant agrees that it will comply with the solid waste, recycling, and litter control ordinances of every municipality with which Permittee/Registrant has registered, that the Permittee/Registrant has registered with all municipalities in which it will provide collection services, and that the Permittee/Registrant will comply with the solid waste, recycling and litter control laws and regulations of the State of Connecticut and the United States. I further certify that I am authorized to sign this attestation and agreement on behalf of the Permittee/Registrant and acknowledge that Permittee/Registrant's failure to comply with any of the ordinances, laws, rules or regulations may result in the revocation or suspension of the Permittee/Registrant's permit and/or registration to act as a collector of solid waste and/or recyclable materials in the applicable municipality or municipalities and/or the collector's ability to access one of the HRRR transfer stations in the region.

Signature of Authorized Agent Title Date

On this the _____ day of _____, 20_____, before me

(Name of Notary)

the undersigned officer, personally appeared _____
(Name of Authorized Agent)

who acknowledged himself/herself to be the _____
(Title of Authorized Agent)

of _____, a business authorized
(Name of Business)

to operate in the State of CT, and that he/she as such _____,
(Title of Authorized Agent)

being authorized to do so, executed the foregoing instruction for the purposes therein contained, and certified, under penalty of perjury, that the information provided in this application is true and correct by signing the name of the business of himself/herself as _____.
Title of Authorized Agent)

In witness whereof I hereunto set my hand.

(Signature of Notary Public)

Date Commission Expires _____



**WHEELABRATOR ENVIRONMENTAL SERVICES, INC.
CREDIT AGREEMENT**

FORM C

(Please Transfer Onto Your Company Letterhead)

To Wheelabrator Environmental Services, Inc.:

In consideration of the extension of credit to the undersigned by Wheelabrator Environmental Services, Inc. (WES), in lieu of being required to pay cash, the undersigned agrees that all invoices rendered by WES for disposal charges incurred at the HRRR system on or after July 1, 2004, will be paid within thirty (30) days from the Invoice Date.

NAME OF HAULING FIRM

DATE

BY AUTHORIZED SIGNATURE

TITLE

*Please note that Wheelabrator will be enforcing the terms of this credit agreement.

HRRR VEHICLE INFORMATION FORM D

Attach a copy of all vehicle registrations

Company Name: _____ Date: _____

	Vehicle Information	Vehicle Information	Vehicle Information	
Make of Vehicle				
Year of Vehicle				
Use - MSW, Recycling or Both				
License Plate #				
State of Registration				
Vehicle Color				
Vehicle Capacity				
Vehicle Tare Weight				
Town Where Garaged				
Name Marked on Vehicle				
Body Type (See Below)				
HRRR Municipalities from which the vehicle will be collecting. Check all applicable towns / cities. Municipal registration fee is per town for the company as a whole, not per vehicle.	Bethel		Bethel	
	Brookfield		Brookfield	
	Bridgewater		Bridgewater	
	Danbury		Danbury	
	Kent		Kent	
	New Fairfield		New Fairfield	
	New Milford		New Milford	
	Newtown		Newtown	
	Redding		Redding	
	Ridgefield		Ridgefield	
Sherman		Sherman		
HRRR Permit #				
New/Replaces #				
WINTERS Permit #				

	Vehicle Information	Vehicle Information	Vehicle Information	
Make of Vehicle				
Year of Vehicle				
Use - MSW, Recycling or Both				
License Plate #				
State of Registration				
Vehicle Color				
Vehicle Capacity				
Vehicle Tare Weight				
Town Where Garaged				
Name Marked on Vehicle				
Body Type (See Below)				
HRRR Municipalities from which the vehicle will be collecting. Check all applicable towns / cities. Municipal registration fee is per town for the company as a whole, not per vehicle.	Bethel		Bethel	
	Brookfield		Brookfield	
	Bridgewater		Bridgewater	
	Danbury		Danbury	
	Kent		Kent	
	New Fairfield		New Fairfield	
	New Milford		New Milford	
	Newtown		Newtown	
	Redding		Redding	
	Ridgefield		Ridgefield	
Sherman		Sherman		
HRRR Permit #				
New/Replaces #				
WINTERS Permit #				

<u>Vehicle Body Types</u>		
FL - Front Loader	FB - Flatbed	DT - Dump Truck
RL - Rear Loader	VN - Van	TR - Tractor
SL - Side Loader	RO - Roll-off/Lift Truck	TL - Trailer
PU - Pickup	CO - Container	

CERTIFICATE OF INSURANCE

INSTRUCTIONS

- A. Agent's / Broker's name, address and fax number.
- B. Your business name and address.
- C. Name of insurance companies issuing your policies.
- 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 and 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 and 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. **HRRA, and all HRRA municipalities in which the hauler/collector works must be listed as additional insureds on all policies except those for workers' compensation and employer's liability insurance. Winters Bros. Waste Systems of CT LLC must be listed as additional insured on all policies except those for workers' compensation and employer's liability insurance if a permit for Winters is sought.**

Sample language: The Housatonic Resources Recovery Authority (HRRA), all HRRA member municipalities, and Winters Bros. Waste Systems of CT LLC are all additional insureds under the General Liability and Automobile Liability policies.

F. The Named Insured must include the name of the Company to be permitted by HRRA as well as the owner's name listed on the motor vehicle registration of any and all permitted vehicles.

G. HRRA must receive notice at least 30 days prior to cancellation of insurance policies.

H. HRRA must have the original certificate bearing the original signature.

I. HRRA's name and address must appear as follows:

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



Department of Environmental Protection
 Bureau of Material Management
 & Compliance Assurance
 79 Elm Street – 4th Floor
 Hartford, CT 06106-5127

CONNECTICUT SOLID WASTE COLLECTOR ANNUAL MUNICIPAL SOLID WASTE REPORTING FORM FOR HRRRA MUNICIPALITIES FY 2016-17

Use one form per town/city in which you collect

This form must be completed and submitted by collectors (i.e. haulers) of solid waste and recyclables by **July 31st** for the previous Fiscal Year (i.e., July 1, 2016-June 30, 2017) to each CT municipality in which they collect. **Completed reports for all HRRRA member municipalities should be submitted to HRRRA in person or by mail (Old Town Hall, 162 Whisconier Rd, Brookfield, CT 06804), fax (203-617-4727) or by e-mail to info@hrra.org.**

THIS FORM IS FOR THE TOWN/CITY OF: _____

COLLECTOR/HAULER - CONTACT INFORMATION: _____

Collector Name: _____ Contact Person: _____ Phone # _____

Street Address : _____ Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ E-mail: _____

PART I – Recyclables Collected

RECYCLABLE ITEMS COLLECTED	SOURCE ¹ (check all that apply)	DESTINATION OF RECYCLABLES	TONS
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	

SOURCE means real estate containing one or more dwelling units. Condominiums and apartments are residential sources of recyclables. Hospitals, motels or hotels are “nonresidential” - CGS Section 22a-220a(a). Any waste (other than waste oil) burned is considered disposed.

TONS – It is mandatory to report tons if the 1st destination of the recyclables is *out-of-state* or is *an end user* (e.g. paper mill, manufacturer, etc.). Ideally, tonnages should be reported for **recyclables** which never pass through a CT-permitted solid waste facility.

PART II – Other Solid Waste Collected

TYPE OF WASTE COLLECTED	1 st DESTINATION FOR OTHER SOLID WASTE (not recyclables)	TONS ²
MSW	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Oversized MSW i.e. furniture, carpets, mattresses, etc	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Mixed Construction & Demolition Waste	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Landclearing – Stumps & Logs	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Other Solid Waste – Specify Type:	Destination Name: Destination Address :	
Other Solid Waste – Specify Type:	Destination Name: Destination Address :	

Part III - Certification and Signature

This report, which is required to be submitted to each municipality in which your company collects solid waste (including recyclables) on a regular basis, shall be signed by your company's chief executive officer or a duly authorized representative of such officer and by the individual(s) responsible for actually preparing this document. Each such individual shall certify in writing as follows:

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes and any other applicable law."

Print Name of Collector/Hauler- Chief Executive Officer: _____

Signature of Chief Executive Officer or Authorized Representative: _____

Print Name of Authorized Representative: _____

Person Responsible for preparing report: _____

Signature of person preparing report: _____

IMPORTANT NOTICE

Regarding Wheelabrator Environmental Services, Inc. Credit Agreement

Please note that the new ownership of Wheelabrator intends to enforce the terms of the credit agreement you signed in your renewal packet, (Form C) effective immediately.

You have agreed, in lieu of being required to pay cash, that all invoices rendered by Wheelabrator Environmental Services, Inc. for disposal charges incurred within the HRRRA System will be paid within thirty (30) days from the invoice date.

Wheelabrator and HRRRA will revoke your tipping privileges if payment is not made within the terms of the credit agreement.



Jennifer A. Heaton-Jones

Executive Director, HRRRA

WINTERS BROS. TRANSFER STATIONS OF CT, LLC

Recycling Permit #0340199 – Transfer Fate 4/21/2011

MSW & C&D Permit #0340946 – Issuance Date 7/1/2010

HOURS OF OPERATION

Monday – Friday 6:00am – 4:00pm

Saturday: 7:00am – 1:00pm

YARD RULES

- **NO HAZARDOUS MATERIALS ACCEPTED***
- SPEED LIMIT IN THE YARD IS **5 MILES PER HOUR** (5 MPH)
- PROPER SAFETY ATTIRE **REQUIRED AT ALL TIMES****
- VEHICLES SHOULD NEVER BE LEFT UNATTENDED
- SCAVENGING IS ILLEGAL AND STRICTLY PROHIBITED
- SMOKING IN OR AROUND ANY BUILDING IS PROHIBITED
- NO UNTARPING OF LOADS WHILE IN SCALE LINE
- DUMP-STYLE TRUCK BODIES ONLY

* Unacceptable Waste: Recyclable Materials, Hazardous Waste, Explosives, Liquid Waste, Asbestos, Motor Vehicle Parts, Tires, Animal Products, Ashes, Human or Animal Remains, Offal (internal organs of a butchered animal), American Flags, Pathological or Biological Waste, Pressurized Containers, Radioactive Materials, Sealed Drums, Sludge, and Tar.

** Hard hat and reflective safety vest/jacket/shirt worn AT ALL TIMES