

Housatonic Resources Recovery Authority

B(1) TRANSFER STATION ACCESS AGREEMENT and RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

_____, the
(Name of Company's Authorized Agent)

undersigned, is the _____ of
(Position of Authorized Agent)

(Name of Company) (hereinafter "Collector") and,

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), Oak Ridge Transfer Stations, LLC (OR) or the Transfer Station operator(s), as may be amended from time to time. The 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 OR, 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.

B(2) OAK RIDGE TRANSFER STATION, LLC CREDIT AGREEMENT

I have read the provisions of the HRRRA Regional Solid Waste and Recycling Agreement ARTICLE VIII - PAYMENTS - **8.1, 8.2, 8.3**

If any Collector fails to deliver to OR any required payment within forty-five (45) days of the statement date, the HRRRA will, and where permitted by applicable law will cause each Participating Municipality to suspend such Collector's license to collect Acceptable Solid Waste from the Participating Municipalities. Upon request OR will provide to the HRRRA documentation which reflects the non-payment by any such Collector and the procedures used by OR to collect amounts owed from any such Collector, which procedures shall be in accordance with OR billing and collection procedures.

In consideration of the extension of credit to the undersigned by Oak Ridge Transfer Station, LLC, in lieu of being required to pay cash, the undersigned agrees that all invoices rendered by OR for disposal charges incurred at the HRRRA system on or after July 1, 2019, will be paid within thirty (30) days from the Invoice Date.

B(3) DOT INSPECTION REQUIREMENTS

I have read the DOT requirements. A DOT Inspection must be provided for each vehicle that is required to have an annual inspection.

B(4) TRANSFER STATION RULES

I have read and accept the Transfer Station Rules.

B(5) HRRRA RECYCABLE MATERIAL GUIDELINES

I have read and understand the provisions of the HRRRA Regional Solid Waste and Recycling Agreement ARTICLE IV and I have read and understand the HRRRA Recyclable Material Guideline provided with the annual renewal and posted on the HRRRA website.

B(6) HRRRA HAULER REGISTRATION PERMIT AND ENFORCEMENT POLICY

I have read and understand the HRRRA Hauler Registration Permit and Enforcement Policy posted on www.HRRRA.org/haulers

B(7) SWORN AFFIDAVIT

I hereby certify under penalty of perjury that the information provided herein (in Forms A, B and C), in the Certificates of Insurance, in the DOT Inspection Reports 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 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 HRRRA 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 _____

