

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Technical Services & Operations Program
1800 Washington Boulevard • Suite 650 • Baltimore Maryland 21230-1719
410-537-3400 • 800-633-6101 x3400 • www.mde.maryland.gov

SPECIAL MEDICAL WASTE
Hauler Application and Vehicle Listing Checklist

PAYMENT AND PAYMENT FORM MUST BE MAILED TO THE FOLLOWING ADDRESS
(If unable to email application, vehicle listing and required attachments then include hard copies with payment)

Maryland Department of the Environment
PO Box 1417
Baltimore, MD 21203

Have you completed and signed: A refund will be issued if requested information is not provided in a timely manner.

_____ SMW Hauler's Application
Must have: Income Tax Identification Number section completed. Applications without this number will not be processed.

_____ APPLICATION SIGNED AND DATED

_____ Include List of Customers (Application Question 10)
Must include company name, site address and EPA ID number.

_____ Include List of Designated Facilities (Application Question 11)
Facility name, Site address and EPA ID number.

_____ Include List of any Environmental Violations (Application Question 14)
Give specific information pertaining to each violation (date, violation, State where incident occurred, penalty assessed, etc.)

_____ SMW Vehicle Listing

_____ Annual Vehicle Inspection Certificates
Must have: Information identifying the vehicle that matches on the vehicle listing (Unit/Fleet No., Tag No., Vin No.)
Must be: legible; and within 1 year of the date the applications are signed

In addition make sure the following is included with your application:

_____ SMW Surety Bond or Letter of Credit (\$10,000)

_____ Proof of Liability Insurance must have as the Certificate Holder:

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PLEASE NOTE: YOUR CHECK MUST BE MAILED TO THE P.O. BOX ADDRESS ON THE PAYMENT FORM, THEY CANNOT BE FEDERAL EXPRESSED OR SENT OVERNIGHT USING U.S. MAIL.