COUNTRY OF RIVERS

County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

CLASS A BIOSOLIDS TRANSPORTER APPLICATION

BUSINESS NAME						
BUSINESS ADDRESS						
CITY			STATE		ZIP	
MAILING ADDRESS						
CITY			STATE		ZIP	
TYPE OF BUSINESS (Please Check):						
☐ Special District	☐ Partnership	☐ Agency		☐ Municipality		☐ Sole Proprietorship
☐ Joint Venture	Lease	☐ Corporation		☐ Business Trus	t	
(If Business Trust, attach names and home addresses of all members of Trust)						
NAME OF APPLICANT						
RELATIONSHIP TO TRANSPORTER						
CONTACT PERSON				PHONE		

MAIL TO:

County of Riverside, Department of Environmental Health P.O. Box 7909 Riverside, CA 92513-7909

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org